THE SATURDAY EVENING POST

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July/Aug.'95

Good Health: The Genetic Link

Dick Clark: His Role After Rock

How Healthy Is Your Family Tree?

Help for Hypertension

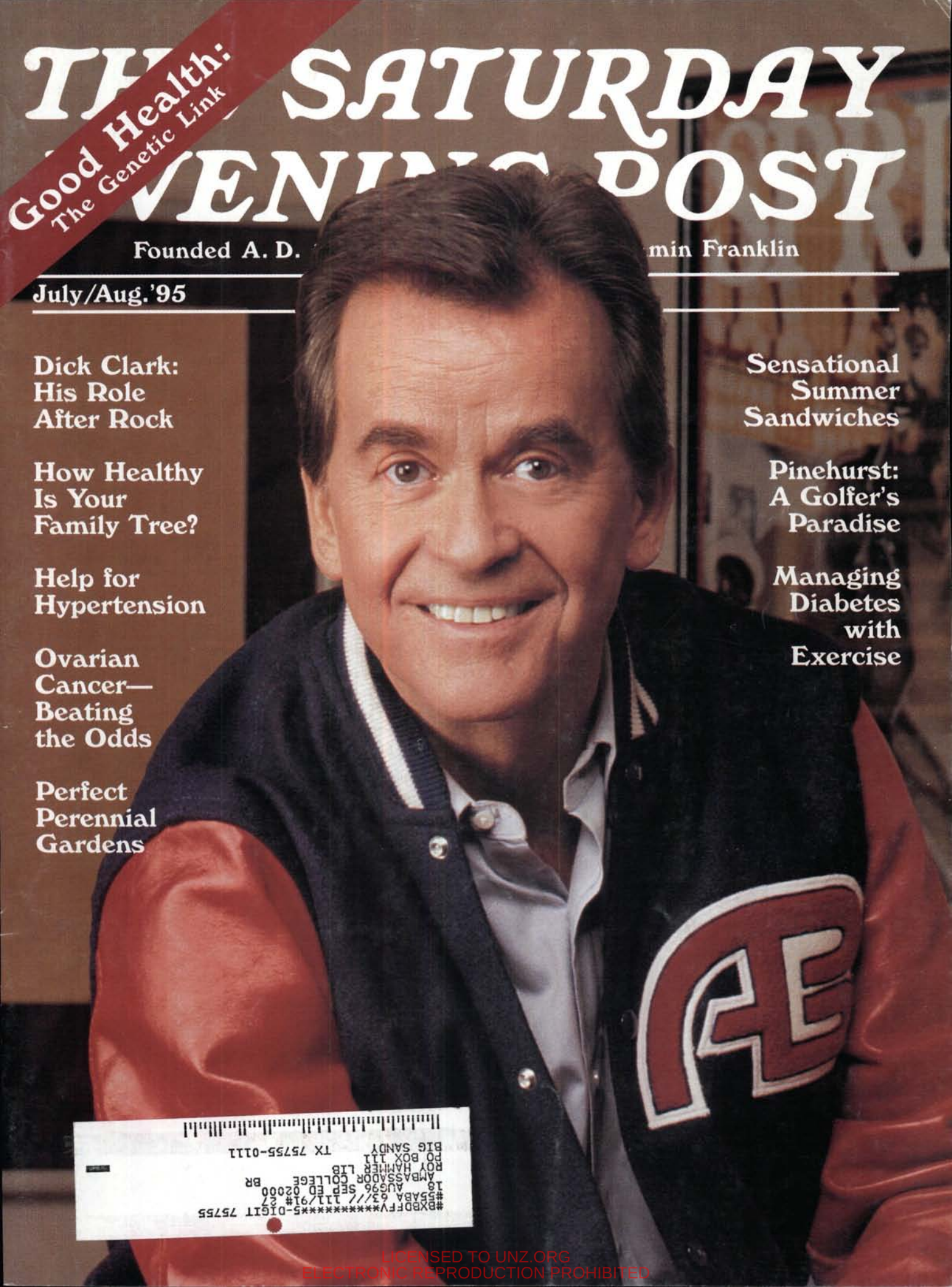
Ovarian Cancer— Beating the Odds

Perfect Perennial Gardens

Sensational Summer Sandwiches

Pinehurst: A Golfer's Paradise

Managing Diabetes with Exercise



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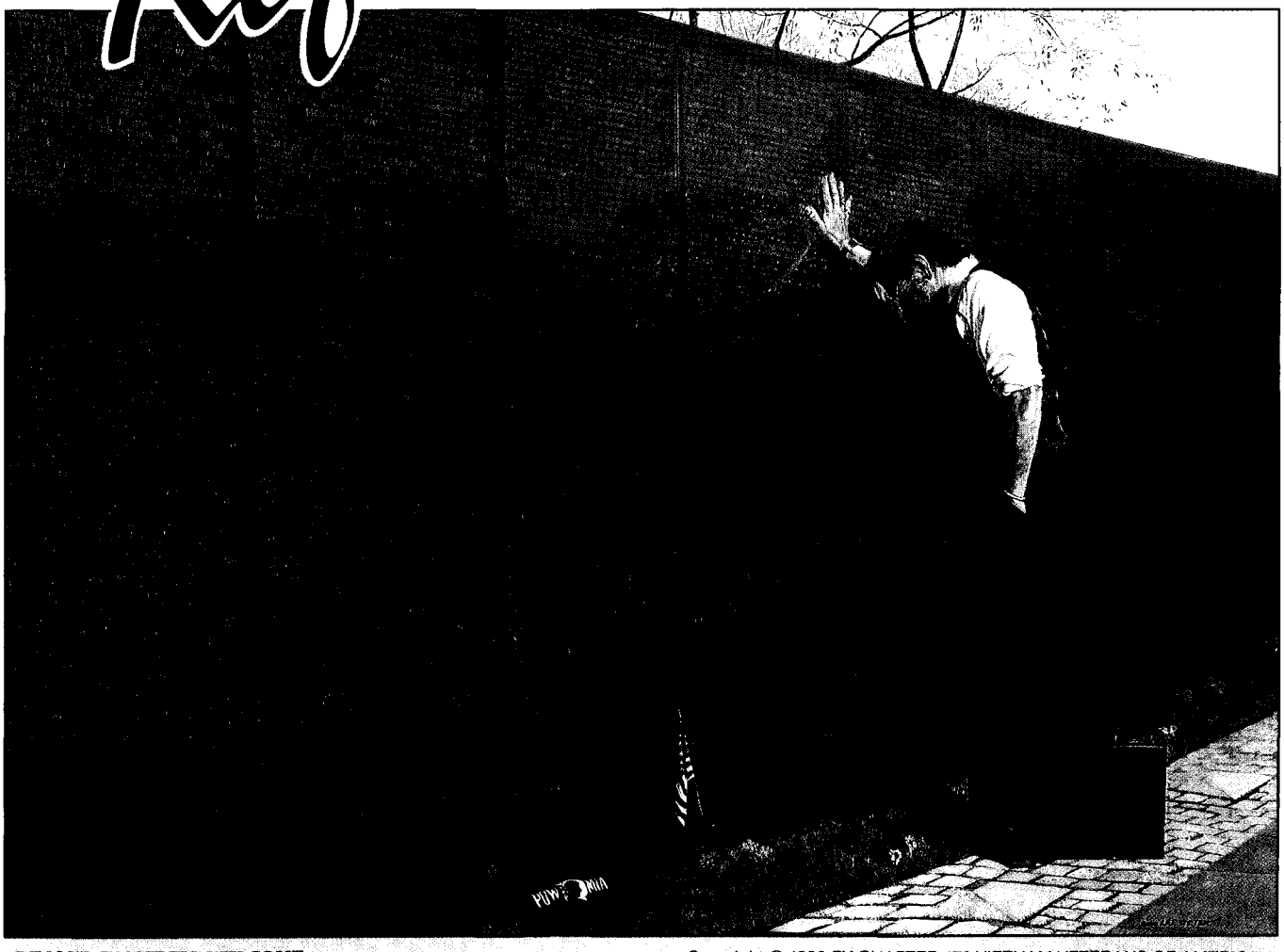
Reflections

by Lee Teter



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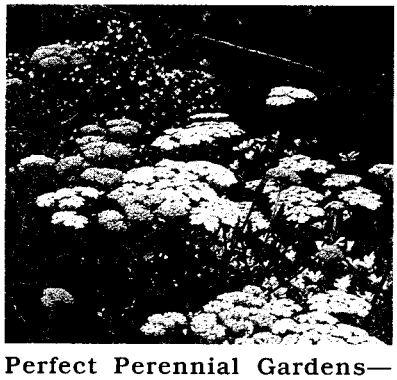

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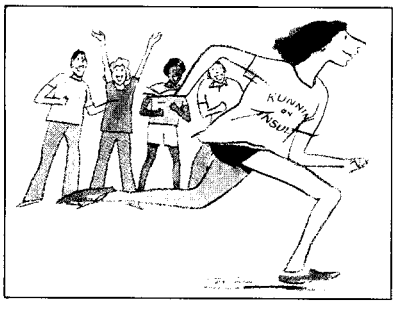

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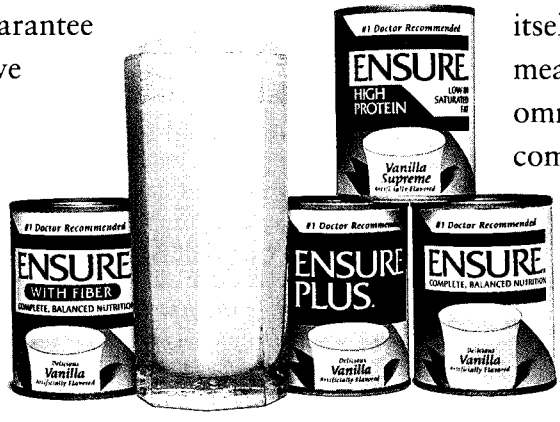

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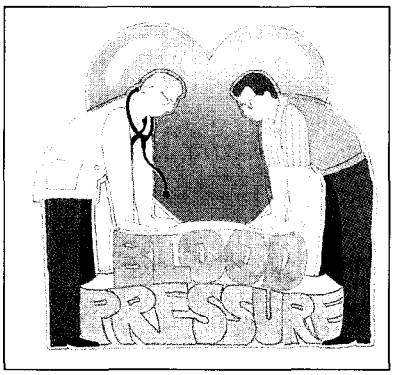

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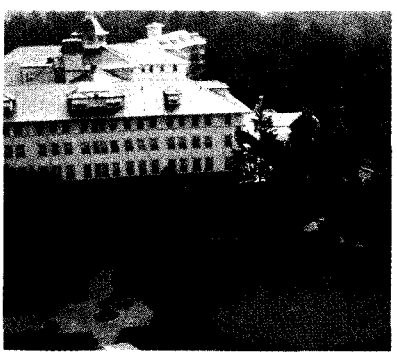

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Letters

The Importance of Organ Donation

In response to the article, "We Have a Kidney for You" by Dale W. Hagen in the May/June 1995 issue of *The Saturday Evening Post*: Every year, thousands throughout the nation, as well as in central Texas, benefit from organ or tissue transplants. These donated organs have a profound impact on the recipients. Donations of vital organs literally save people's lives. Transplanted corneas help persons who are visually impaired to see, donated bone makes it possible for crippled children and adults to walk, and skin grafts help severely burned people to fight infection.

But there are not enough donated organs to meet the needs. The most important step is to discuss your wish to donate with your family. Discussing this choice is very important, because even if you have signed a donor card, your next-of-kin's permission must be given before a donation can take place. It is the greatest "gift of life" one human being can give to another.

Having spent time on a dialysis machine, and now being a kidney transplant recipient since March 20, 1990, I, along with my family, know the true meaning of "the gift of life."

Jimmy A. Castro
Austin, Texas

I am writing in response to the article in the May/June issue, "We Have a Kidney for You." I was born with bilateral renal hypoplasia. In English, I was born with my kidneys too small to function properly. I was the second child to be born with this problem. Unfortunately, my sister was unable to receive dialysis treatment or a transplant and passed away in 1966 at age 16.

I can understand how Dale Hagen felt when he received that lifesaving phone call. I received my first transplant from my mother in 1971; it lasted 12½ years. My second one, I received in 1988; it lasted 5½ years. My recent one was a perfect match. I have had it for a year now and have had no problems whatsoever.

I thank you for publishing an informative article. I believe this country needs to learn the importance of organ donations and the many lives it saves!

Cindy Poudrier
Thousand Oaks, California

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More Good Reasons to Celebrate Folate's 50th Anniversary

It was with great pleasure that I read your excellent article entitled "Two Good Reasons to Celebrate Folate's 50th Anniversary," coauthored by Ted Kreiter, Christina Ferroli, Ph.D., and Patrick Perry. In working with Dr. Christian Jansen in connection with a patent application relating to folic acid and vitamin B_{12}, I became all too aware of what you referred to as "many die-hard physicians" who "rely on the teachings of our forefathers in medicine and still publish articles stating that to prevent or treat pernicious anemia, B_{12} must be given by injection, not orally." Your emphatic response—"Wrong!"—was right on target.

I know that you have long been an advocate of the supply of adequate folic acid to the public, and that long before others in the medical community saw the light, you courageously encouraged the views of Dr. Christian Jansen for properly supplying both folic acid and vitamin B_{12} in needed amounts (for example, at least 0.4 mg of each). Your addition of the views of Dr. Jacob Selhub and Dr. Paul Jacques on the likely role of folic acid in reducing homocysteine and the potentially related heart disease further demonstrates that your efforts are well-grounded, and that the public is being well-served by your efforts. Trying to overcome the barriers to this needed change has been, indeed, a difficult, but very important, task over the past years.

We thank you for your good work and trust your efforts in exposing the truth will continue to benefit us all.

John C. McNett
Indianapolis, Indiana

Thank you for your article on folate's 50th anniversary. In the discussion of the work of Drs. Jansen, Selhub, Jacques, and Wilson, I found no suggested amount of B_6 or B_{12} to be taken per day in supplements, as was suggested with folate.

Can these doctors offer suggested amounts?

Thank you for the best magazine published today.

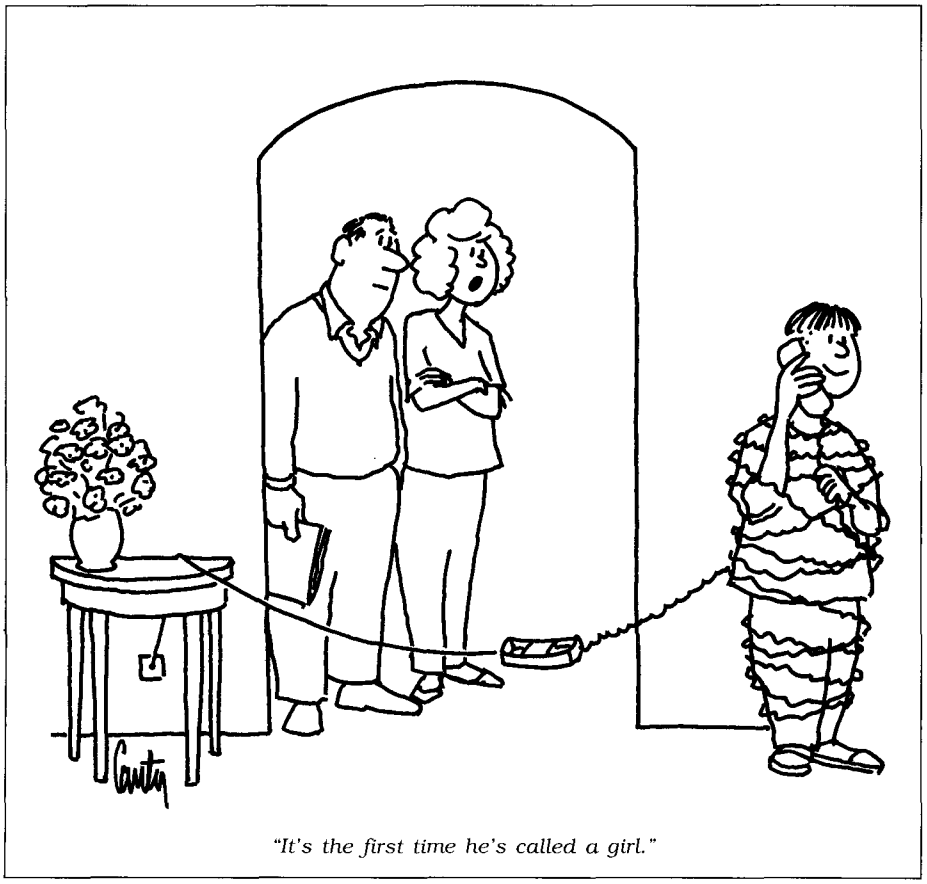
Barbara Ramey
Cedar Ridge, California

Editor's note: Dr. Christian Jansen wants us to supplement our *well-balanced diets* with 400 micrograms of B_{12} and 400 micrograms of folate. (That is, four-tenths of a milligram of each; tablets with this combination are available.) It is not a good idea to take one without the other. For example, should pernicious anemia occur in someone taking folate but not B_{12}, then the blood test for pernicious anemia might not reveal the dangerous and potentially fatal disease. The folate would mask the B_{12} deficiency anemia. Dr. Jansen insists there would be no more pernicious anemia if we all took four-tenths of a milligram of B_{12} each day.

Suggested B_6 daily intake is two milligrams. Drs. Selhub and Jacques point out that B_6, along with the folate and B_{12}, is important in regulating the levels of homocysteine in the blood. For some, supplementing with these vitamins to avoid plaque formation in the vessels is worthwhile.

Prostate Cancer Words of Wisdom

Please urge your male readers over 40 and those who have a family cancer history to get yearly prostate cancer tests—both the PSA blood test and the digital rectal examination. There are usually no early warning signs of this dreaded disease that normally ends in a terrible lingering illness and death.



"It's the first time he's called a girl."

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If prostate cancer is found, men should immediately seek a second or even a third opinion before going ahead with any treatment. They should also read, before treatment, *How I Survived Prostate Cancer... and So Can You* by James Lewis, Jr., Ph.D. Spouses and family members should urge their male family members to be tested.

Mrs. Stuart W. Hirsh
Atlanta, Georgia

A Puzzling Phenomenon

I really enjoyed the article "Crosswords" in the May/June *Saturday Evening Post.* The humor was delightful—and reminded me of myself 50 years ago. I would work the *Lafayette Courier*'s puzzle until I was stumped, and then my dad would finish it when he came home from work—in ink!

Thank you for an outstanding magazine. I've read it for years and years.

Mildred Munson Stafford
Attica, Indiana

Russell Raves

Your article in the May/June edition on Lynne Russell of "CNN Headline News" answered most of the questions

SATURDAY
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May/June '95
CNN's Lynne Russell
Line Dancing for Health
Norman Rockwell's Four Freedoms
The Right (and Wrong) Way of Leaving Money to Your Children
The Post Investigates Folic Acid's New Role in Heart Disease Prevention
Jump-Start Your Annual Garden
WASPs: Women Pilots of World War II
Bob Hope's WWII Memories

we had about her as a person. CNN's news presentation is tops for those of us who despise the "warm, caring, folksy," and utterly fake "we care" presentations of local stations. All of CNN's news anchors and reporters are tops; Ms. Russell happens to be our favorite.

But... and I speak as a former anchor-reporter-news director of many years... I just cannot understand the utterly amateurish voicings of "CNN Headline Sports." Are those horrific segments possibly used as contrast to make the news segments sound even better in comparison? Even the smallest station in the Los Angeles metropolitan area has better sportscasters than those on drive times on CNN.

My professional compliments to the news directors at "CNN Headline News" otherwise. Utterly marvelous! And to Ms. Russell: you are professionally great!

Phillip Barton
Burbank, California

Still Dancing at 93

In the May/June issue, you had an article, "Seniors 'In Line' to Shape Up." I am 93 years old. I used to teach line, square, polka, and folk dances till I was 90 years old at the Senior Citizens Center in Dayton, Ohio.

I still square-dance every Thursday afternoon. I just love it. Let's have more about the seniors.

Stella C. Knoepfle
Dayton, Ohio

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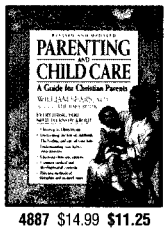

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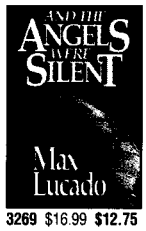

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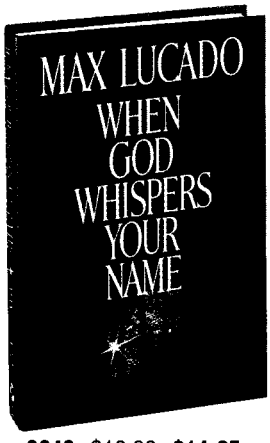

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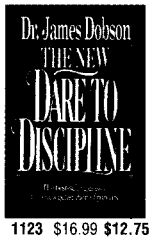

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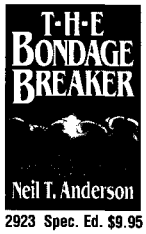

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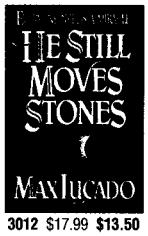

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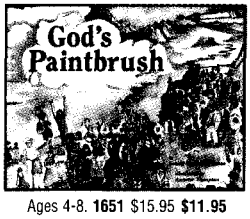

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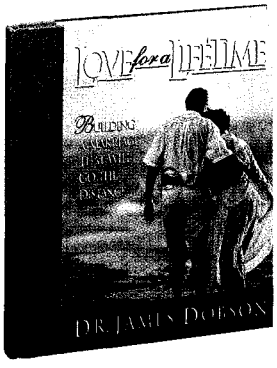

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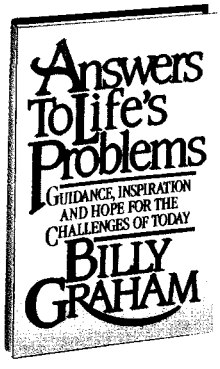

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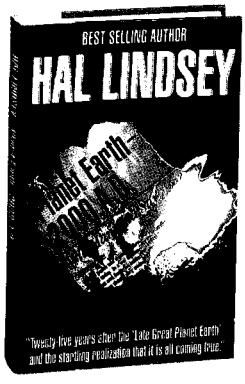

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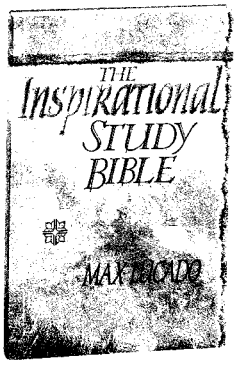

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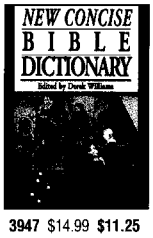

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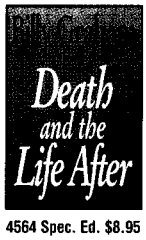

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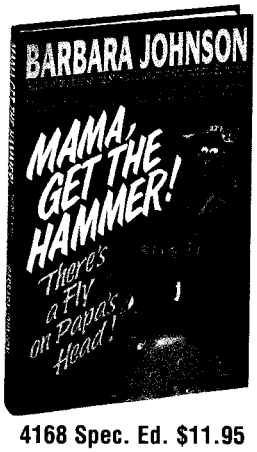

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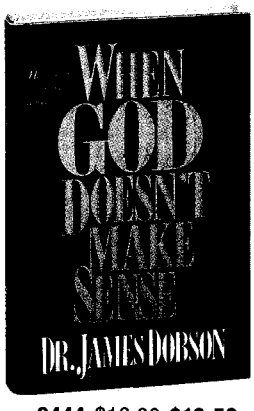

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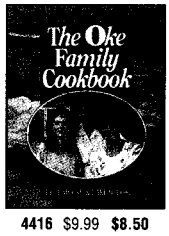

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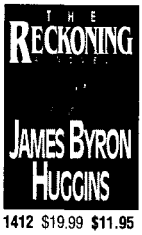

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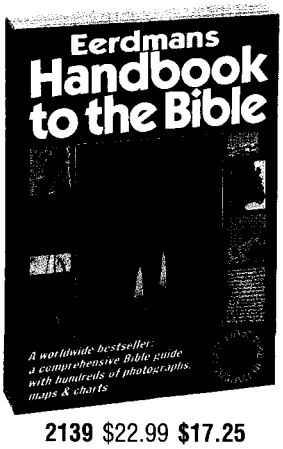
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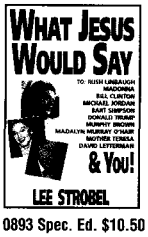

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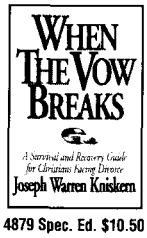

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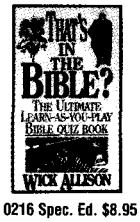

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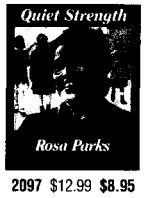

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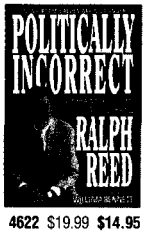

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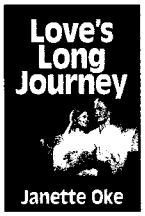

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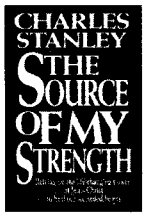

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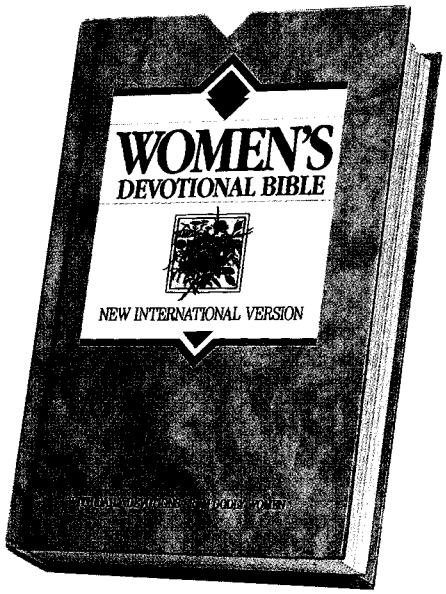

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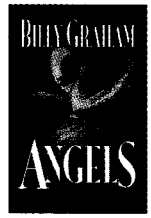

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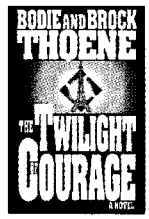

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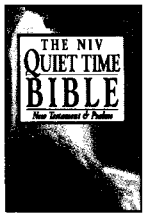

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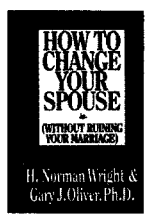

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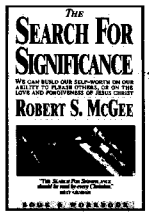

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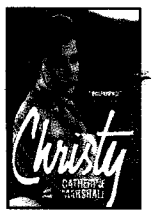

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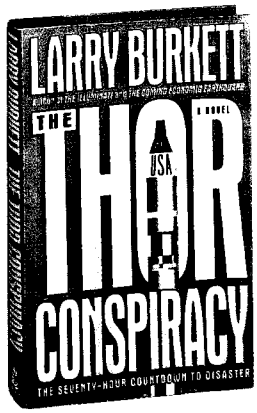

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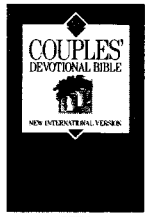

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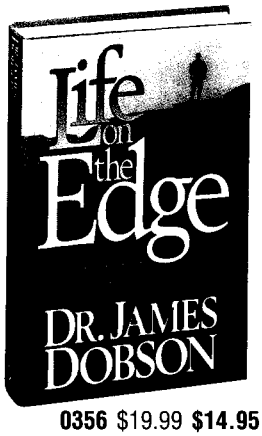

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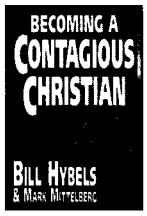

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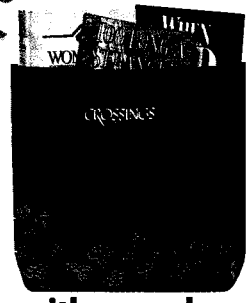

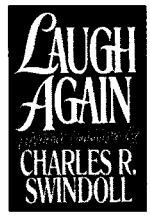

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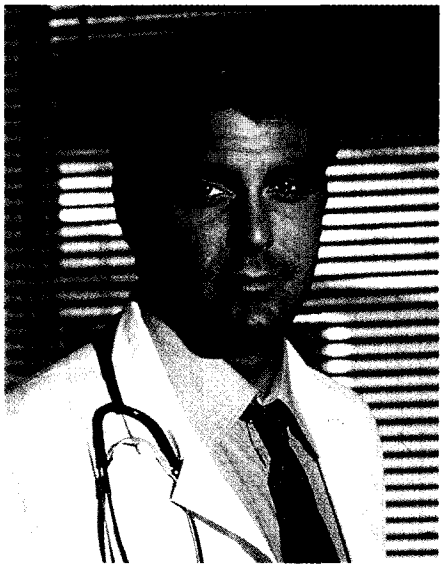
Post People

Son of TV host Nick Clooney, nephew of singer Rosemary Clooney. Shouldn't that be good enough for 15 minutes of fame? Hardly.

"It was obvious five years ago that this was a guy to bet on," says Leslie Moonves, president of Warner Bros. Television. "It might take a week, it might take years, but this was a guy who was gonna hit and hit big."



This season, ***George Clooney*** has hit big indeed as heartthrob pediatric resident Doug Ross on "ER," the first new drama to rival the popularity of "Dynasty" a decade ago. But if you think you have seen this handsome young actor somewhere before, chances are you have. "ER" is Clooney's eighth TV series in the past ten years.

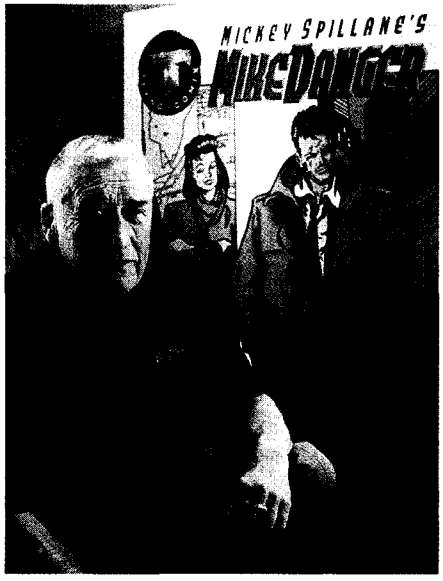
"I think a lot of people are being nice to me now because I've been banging around for such a long time," he says. "But 'ER' is not a springboard for me; it's a landing area."

Comic book fans already know that Mike Danger is back. Others ask, "Who is Mike Danger?"

Mike Danger is a no-nonsense detective created some 50 years ago by ***Mickey Spillane***, the no-nonsense writer whose first novel, *I, the Jury* (written in nine days in 1947), brought him $1,000, unheard of in those days.

Writer, actor, stock car driver, Air Force pilot, circus performer—Spillane modestly claims all titles. When *Sixty Years of Best Sellers* was published in 1956, seven of the ten best-selling titles in American publishing were written by Spillane.

Currently working on a children's



book as well as a novel, Spillane, tireless at 77, says, "I couldn't be happier about the opportunity to give new life to this terrific character. The comic business has been so good to me—it's great to be back!

What caused the ratings of TV's "Inside Edition" to shoot up 15 percent on a single evening's broadcast? The answer: ***Deborah Norville.***

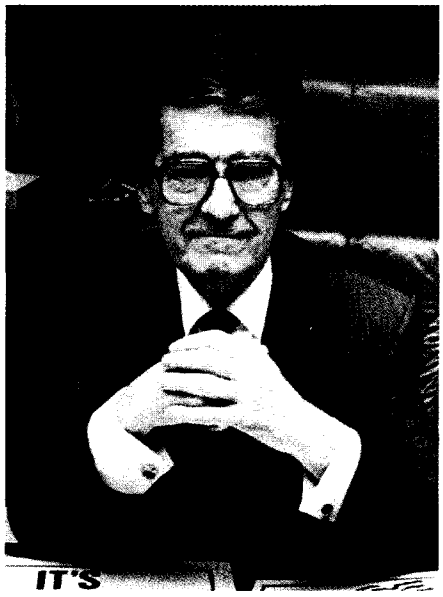
The same Debbie Norville who replaced Jane Pauley on NBC's "Today" show, then left the show in 1991. The one who now, at last, can make it home for dinner with husband Karl Wellner, son Niki, and his infant brother, Kyle.

Though awards for her work are many, including two Emmys, she happily awards herself the title of "America's celebrity sewing geek."

She began honing this talent on a portable Singer her mother brought to the family's carpet-supply business in Dalton, Georgia. On a machine she got for Christmas at age 14, she began turning out Barbie doll clothes, then clothes for herself. Her evening gown for George Bush's inaugural ball was a Deborah Norville "original."

Phil Sokolof has good reason for putting the fat *into* the fire. After a cholesterol level of 300 led to his near-fatal heart attack in 1966, this Omaha industrialist reduced his cholesterol to 150 and became a leading spokesperson and activist for getting Americans to "go and do likewise."

Eminent cardiologist Dr. William Castelli says, "Sokolof has done more than all of us doctors and researchers to sensitize this country that the major culprit in the high cholesterol epidemic is saturated fat."



- He founded the National Heart Savers Association (NHSA) and spent more than $4.5 million of his private funds promoting cholesterol consciousness throughout the nation.
- His full-page newspaper ads headlined "McDonald's, Your Hamburgers Have Too Much Fat" so staggered the fast-food giant that the McLean hamburger soon became available—with less than half the fat of the conventional burger.
- Still other ads have resulted in the elimination of coconut oil, palm oil, and lard from tens of thousands of products.

Small wonder that Dr. Castelli unabashedly claims Sokolof is "a true American folk hero."

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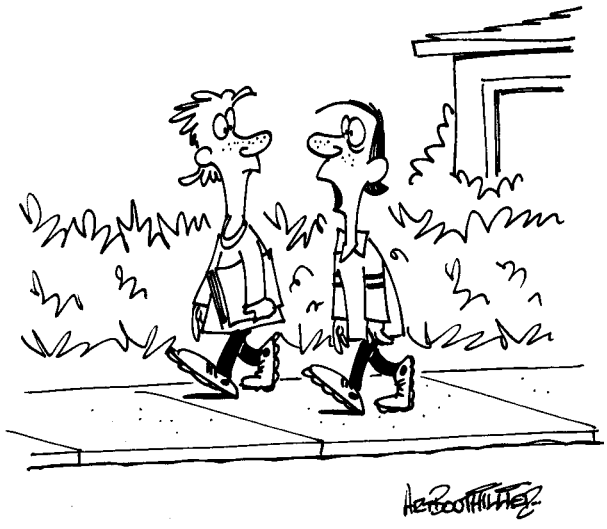
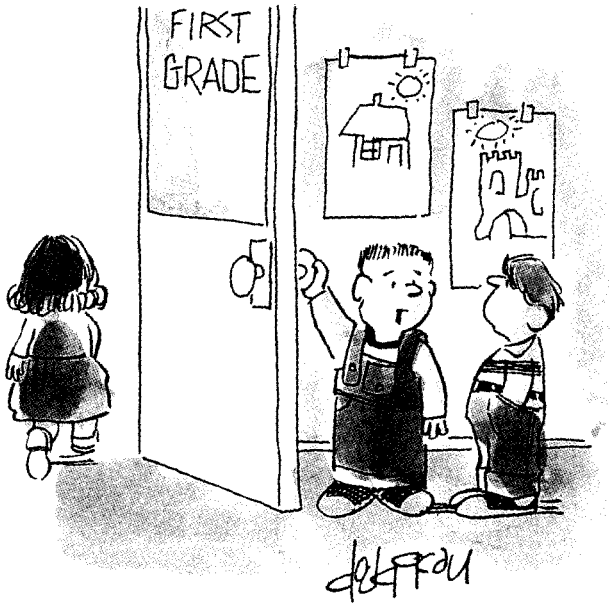
"What time is it when the little hand
is on two and the big hand is on the floor?"



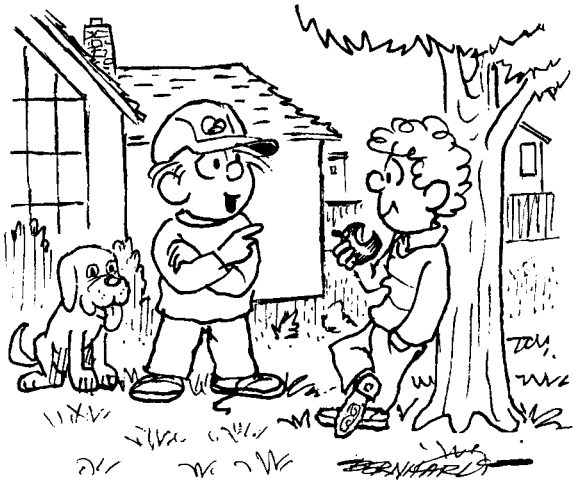
"I must be getting old . . . I
don't do many cute things anymore."

BOYS WILL BE BOYS

"Grandson, these are your tax-free years.
Enjoy them while they last!"



"You're supposed to hold the door
open for girls—that way, they'll leave sooner."



"A man's gotta do what a man's gotta do.
As long as it's OK with his mom."

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WHEN COMET CAN'T,

BAR KEEPERS FRIEND CAN!

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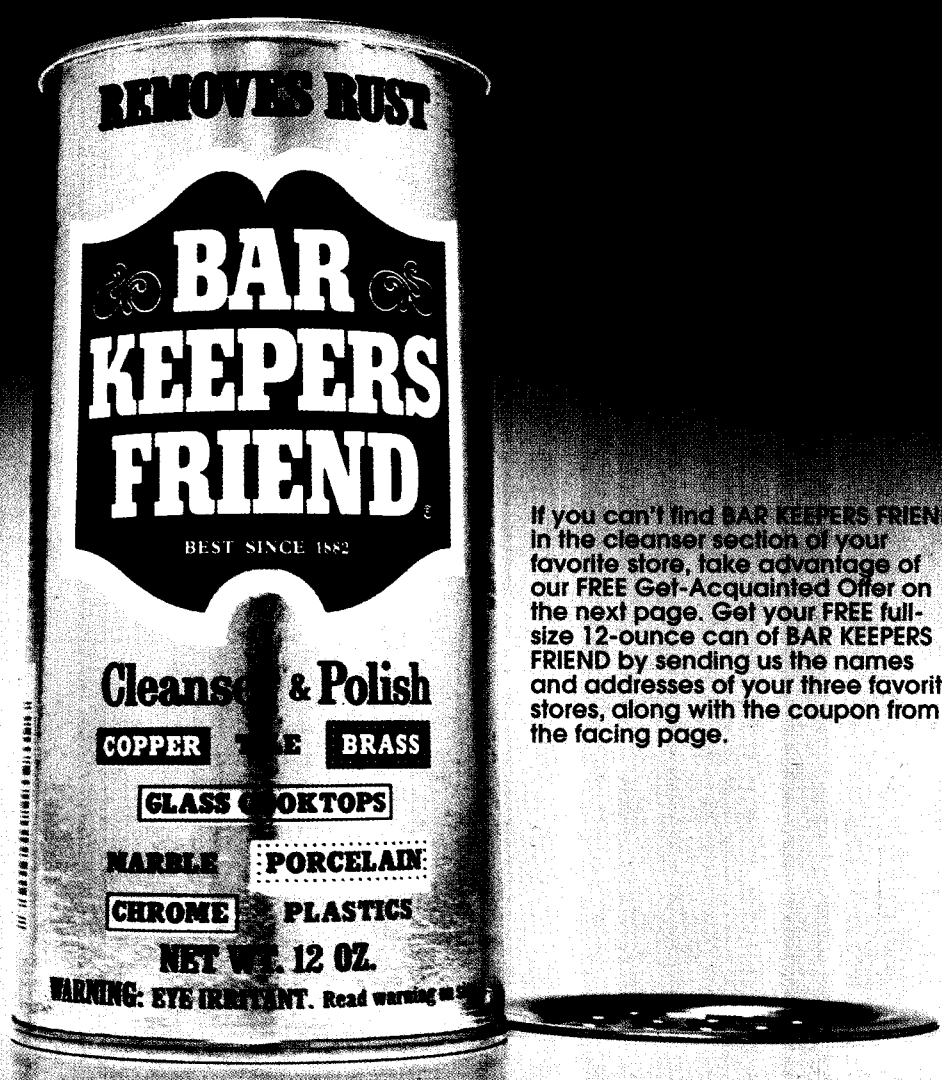

Tough stains, like rust and lime deposits, are often too tough for America's leading cleanser. But test after test has proven those tough stains are not too tough for Bar Keepers Friend, the can-do cleanser.

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You'll be delighted how well Bar Keepers Friend works on stainless steel sinks and fiberglass shower stalls, too.

Next time your cleanser can't, remember the name of the cleanser that can. Bar Keepers Friend.

If you can't find BAR KEEPERS FRIEND in the cleanser section of your favorite store, take advantage of our FREE Get-Acquainted Offer on the next page. Get your FREE full-size 12-ounce can of BAR KEEPERS FRIEND by sending us the names and addresses of your three favorite stores, along with the coupon from the facing page.

We take the other cleaners to the cleaners.

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The Best. It's a bold claim to say that BAR KEEPERS FRIEND® Cleanser & Polish is the best, but we're convinced. That's why we want to introduce you to our products, because we believe you will become convinced, too.

Since 1882. . . BAR KEEPERS FRIEND has been cleaning up tough stains from food, hard water, mineral deposits, and rust. . .all without harsh abrasives or caustic chemicals. BAR KEEPERS FRIEND is based on an old, simple idea: "gently dissolve stains and polish while you clean."

Simple, not easy. It sounds simple. To be the best cleanser, all you have to do is make a product that will clean tough stains and polish without harming the surface, and make sure it will work on a wide range of materials: fiberglass, stainless steel, tile, porcelain, copper, and brass. It's not that easy to do, and that's why BAR KEEPERS FRIEND's formula is unique. It can clean and polish without damaging all types of materials.

Don't believe us. . . You don't have to, because so many people will tell you BAR KEEPERS FRIEND is the best. We receive letters each month from people all over

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RUNNING ON INSULIN

Exercise helps control diabetes and may combat its most common form.

by Carol Krucoff

Illustrated by Don Trawin

When doctors warned Paula Harper not to run a marathon back in the late '70s because she had diabetes, the nurse and mother of three from Phoenix chose to ignore them.

"I noticed right away that the more activity I did, the less insulin I needed," says Harper, who has Type I diabetes. She went on to complete 31 marathons, a 50-mile ultramarathon, five triathlons, and six 100-mile-plus bicycle races. She raced wearing a T-shirt that proclaimed "I run on insulin" and had so many people approach her to talk about diabetes and exercise that in 1985, she founded the International Diabetic Athletes Association.

"In retrospect, what I did seems scary," admits Harper, who says doctors were concerned that a long-distance event would deplete her blood-sugar stores. However, today's blood-glucose self-monitors make it much easier to avoid the low-blood-sugar reactions that can be dangerous for anyone with diabetes, she says. "But I knew that running made me feel better and helped me cope with my diabetes."

Today, people with diabetes participate in virtually every sport—from scuba diving to skydiving—at all levels of competition. And over the past decade, physicians have increasingly recommended exercise as one of the most effective ways to help people with diabetes lead normal lives and reduce their risk of serious complications.

In recent years, studies have shown that physical activity helps prevent the most common form, Type II or non-insulin-dependent diabetes. Both age and obesity put people at risk for Type II diabetes, which in our aging and overweight society is increasing at an alarming rate.

"Diabetes is the most rapidly growing chronic disease in the country," says physician David Nathan, director of the Diabetes Research Center at Massachusetts General Hospital in Boston. Now affecting 7 percent of American adults, diabetes is expected to affect 10 percent by the year 2000, says Dr. Nathan, and up to 15 to 20 percent of older and minority adults. "Along with diet," he says, "exercise is the most cost-effective therapy we have for trying to prevent diabetes."

Exercise helps people with diabetes because it affects the very thing they need to control, their blood-glucose level, notes exercise physiologist W. Guyton Hornsby, Jr., assistant professor in the department of medicine at West Virginia University. "Diabetes is a disturbance of the metabolism that causes blood glucose to be too high," says Hornsby, who has Type I diabetes and competes in track-and-field events and also lifts weights. "Exercise can take glucose out of the blood to use for energy during and after exercise, which lowers blood-glucose levels."

Exercise also helps people lose weight and conditions the body to use the hormone insulin more efficiently. This means people with Type I diabetes, whose bodies don't produce insulin, typically require a lower dose of insulin when they exercise.

And some with Type II diabetes, who take oral drugs to manage their condition, often find that after they begin exercising regularly, they no longer may need diabetes medication. "It's a delicate balancing act, and each individual reacts differently," notes Hornsby, who served as editor in chief of the American Diabetes Association's new *Fitness Book for People With Diabetes.*

Before starting an exercise program, people with diabetes should consult a physician. This is particularly important because diabetes raises the risk of cardiovascular disease, and people with complications affecting the eyes and feet may need expert guidance in establishing a safe regimen.

"Being consistent with exercise is extremely important for people with diabetes," says Chris Silkwood, program director for the Houston-based Diabetes Treatment Centers of America. Diagnosed with Type I diabetes 14 years ago, Silkwood says she was "misdiagnosed for quite some time, but what saved me was that I'm a regular exerciser who eats a healthy diet. With diabetes, the way you choose to live your life will greatly determine the course of the disease."

For more information, contact the International Diabetic Athletes Association, 6829 N. 12th St., Suite 205, Phoenix, AZ 85014, or call the American Diabetes Association at 800-232-3472.

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FOOD

BUILDING A BETTER SANDWICH

Low-fat ingredients and tangy sauces combine to make these sandwiches healthful and delicious.

Looking for the right recipe for summer entertaining? Here's an old idea with some updated ingredients: sandwiches that bridge the gap between elegant hors d'oeuvres and healthful snacks.

These wholesome sandwiches make plentiful use of vitamin-rich grilled vegetables and tangy sauces. Light cheeses, nonfat yogurts, and spreads enhance flavor without adding cholesterol and fat. For best results, use homemade bread or buy fresh-baked from the grocery delicatessen.

The sauces may accompany a variety of sandwiches. Experiment with your own combinations and send us favorite recipes to share with our readers.

Mock-Western Omelet Sandwich

(Makes 4 servings)

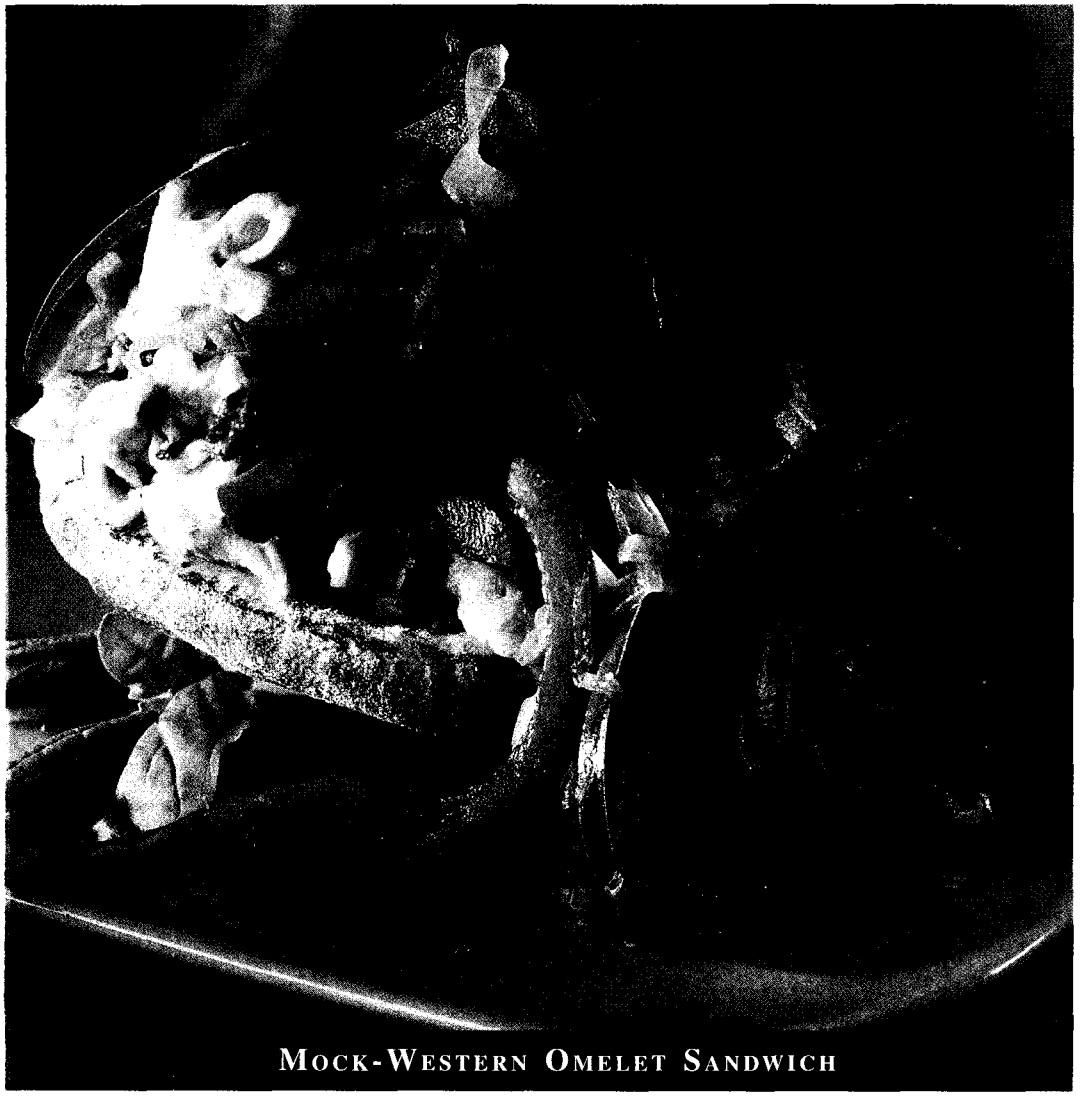
1 cup sliced onions
1 cup sliced pepper (red and green)
1 cup sliced mushrooms
½ cup low-salt chicken broth
1 cup egg substitute
½ teaspoon onion powder
¼ teaspoon black pepper
4 oz. chopped turkey ham or lean Canadian bacon
4 oz. chopped, skinless, cooked chicken
4 whole-grain pitas

Braise onions, red and green peppers, and mushrooms in chicken broth until transparent and tender and liquid is absorbed.

Put egg substitute, onion powder, and black pepper into medium skillet sprayed with noncaloric vegetable-based spray; lightly scramble. Fold in turkey ham or Canadian bacon and chicken until warmed.

Warm pitas in oven or microwave. Top or stuff with egg mixture and vegetables.

Per Serving:
Calories: 250 Carb.: 30.7 gm
Cholesterol: 32 mg Protein: 24.1 gm
Sodium: 517 mg Fat: 3.4 gm
Diabetic exchange: 1½ bread + 1 vegetable + 2 lean meat



Mock-Western Omelet Sandwich

Bruschetta Grande Sandwich

(Makes 4 servings)

2 pounds ripened tomatoes, seeded, coarsely chopped
2 tablespoons basil
2 tablespoons parsley
2 tablespoons finely chopped fresh chives
3 tablespoons olive oil
2 tablespoons balsamic vinegar
2 garlic cloves, crushed with a garlic press
4 slices Italian bread
¼ teaspoon pepper

Preheat grill or broiler until very hot. In medium-size bowl, mix tomatoes, basil, parsley, and chives. Drizzle with 2 tablespoons oil and vinegar; toss to mix well and set aside. In small bowl, stir crushed garlic with remaining oil and brush on both sides of bread slices. Grill or broil bread until golden-brown, 1 to 2 minutes per

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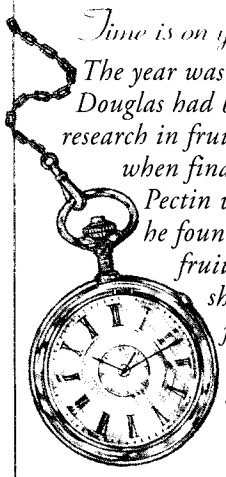
Turn Your Strawberries and Bananas Into Something Peachy.

Now you can combine the sweetness of strawberries and bananas in a delicious new Strawberry Banana Jam from Sure-Jell®. Be sure to sample our recipe below as well as our other juicy tidbits of information.

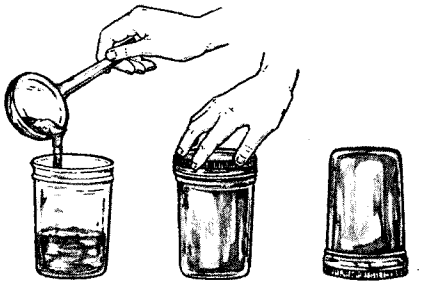
Time is on your side



The year was 1912. Robert Douglas had been performing research in fruit chemistry, when finally it happened. Pectin was extracted. Later he found that when added to fruit juices, pectin greatly shortened the time of jam and jelly making. The rest, as they say, is history.

A method to our madness

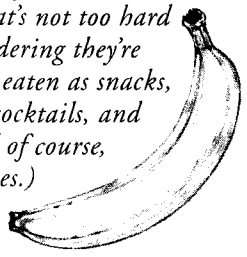
Let's face it, most of you would like to eliminate that extra step of boiling jars when making jam and jelly. We have a helpful alternative. The Inversion Method. Simply make sure your hot fruit mixtures are immediately poured, covered, and inverted for 5 minutes.



Pour Cover Invert

The banana appeal

Over 11 billion bananas are consumed annually in the United States alone. That's not too hard to swallow considering they're constantly being eaten as snacks, in cereals, fruit cocktails, and salads. (Oh, and of course, in jams and jellies.)



The strawberry twist

Amazingly, botanists do not classify the strawberry as a true berry. Unlike the blueberry, the fleshy part of the strawberry is covered with dry, yellow "seeds", each of which is actually a separate fruit.

Dunlap Surecrop Earliglow

The recipe for happiness

We call it Strawberry Banana Jam. You and your family will call it delicious. Here are some ideas to help spread your creation to friends everywhere: a housewarming basket, loaded with jars of Strawberry Banana Jam and fresh biscuits; or a wedding gift box, filled with jars of Strawberry Banana Jam and a bottle of champagne.

Strawberry Banana Jam

4 3/4 cups prepared fruit (about 2 quarts fully ripe strawberries and 3 fully ripe medium bananas)
3 tablespoons fresh lemon juice
6 3/4 cups sugar
1 box SURE-JELL® Fruit Pectin
1/2 teaspoon margarine or butter

Stem and thoroughly crush strawberries, 1 layer at a time. Measure 3 1/4 cups into 6 or 8-quart saucepot. Mash bananas thoroughly. Measure 1 1/2 cups; add to saucepot. Stir in lemon juice.

Measure sugar into separate bowl. Stir fruit pectin into fruit in saucepot. Add margarine. Bring mixture to full rolling boil on high heat, stirring constantly. Quickly stir in all sugar. Return to full rolling boil and boil exactly 1 minute, stirring constantly. Remove from heat. Skim off any foam with metal spoon.

Ladle quickly into hot sterilized jars, filling to within 1/8 inch of tops. Wipe jar rims and threads.

Cover with two-piece lids. Screw bands tightly. Invert jars 5 minutes, then turn upright.* After jars are cool, check seals.

*Or follow water bath method recommended by USDA. Makes about 8 (1-cup) jars.

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side. Cut each slice in half and place 2 pieces on each individual serving plate. Heap tomato salad on top of bread and season to taste with pepper.

Per Serving (1 slice bread with 1 cup salad):
Calories: 229 Carbohydrate: 23.3 gm
Cholesterol: 0 mg Protein: 5.8 gm
Sodium: 122 mg Fat: 12.2 gm
Diabetic exchange: 1 bread + 2 vegetable + 2 fat

Mediterranean Sandwich
(Makes 4 servings)

¼ cup water, low-salt chicken broth
1 onion, diced
2 cloves garlic, minced
2 teaspoons Italian seasoning
1 medium eggplant, diced
3 cups chopped fresh tomatoes
1 zucchini, diced
1 red bell pepper, seeded and diced
¼ teaspoon black pepper
4 crusty rolls, split
2 oz. feta cheese

Heat water and broth in large saucepan over medium heat. Add onion and garlic. Cook and stir until onion is soft. Add more liquid during this process if necessary. Add seasoning, eggplant, and tomatoes. Cook over medium-low heat 15 minutes.

Preheat oven to 350°. Add zucchini, red bell pepper, and black pepper to saucepan. Simmer 10 minutes. Cover baking pan with aluminum foil or baking-pan liner. Place split rolls on sheet and toast lightly. Remove 4 roll halves; leave other halves on baking sheet. Top 4 halves on baking sheet with eggplant mixture. If desired, top with feta cheese. Bake 3-5 minutes. Top with other roll halves and serve.

Per Serving (1 roll + ½ cup vegetables):
Calories: 280 Carbohydrate: 49.2 gm
Cholesterol: 13 mg Protein: 10.5 gm
Sodium: 485 mg Fat: 4.7 gm
Diabetic exchange: 2½ bread + 2 vegetable + ½ medium-fat meat

Sun-Dried Tomato Pesto
(Makes about 2 cups)

1 cup sun-dried tomatoes, drained
1 cup hot water
4 tablespoons olive oil
4 tablespoons grated, fat-free Parmesan cheese
4 small garlic clove, peeled
4 teaspoons lemon juice

Prepare pesto by mixing ingredients in blender. Put in jar and refrigerate.

Per Serving (1 tablespoon):
Calories: 40 Carbohydrate: 1.3 gm
Cholesterol: 0 mg Protein: 0.5 gm
Sodium: 47 mg Fat: 1.8 gm
Diabetic exchange: 1½ tablespoon = ½ vegetable + ½ fat

Grilled Marinated Vegetables with Tomato Pesto
(Makes 4 servings)

½ cup water
2 tablespoons olive oil
2 tablespoons balsamic vinegar
1 teaspoon dried oregano
1 teaspoon dried basil
1 medium-size zucchini, cut into ¼"-thick slices
1 small eggplant, cut crosswise into ¼"-thick slices (peeled if desired)
1 medium-size red onion, cut into ¼"-thick slices
½ teaspoon pepper
8 multigrain bread slices
½ cup sun-dried tomato pesto

Wash vegetables and peel onion. In measuring cup, stir together water, oil, vinegar, oregano, and basil to make marinade. In medium-size bowl, toss zucchini and eggplant with ½ cup marinade. In shallow dish, arrange onion slices, keeping them intact, and drizzle evenly with remaining marinade. Cover and leave at room temperature to marinate about 30 minutes.

Meanwhile, preheat grill or broiler until very hot. Season vegetables with pepper and grill until lightly charred and cooked through, 2 to 3 minutes per side. Generously spread one side of each bread slice with tomato pesto. Arrange grilled vegetables in neat layers on half the bread slices and top with remaining bread. Cut into halves or leave whole.

Per Serving (2 bread with 1 cup vegetables):
Calories: 320 Carbohydrate: 34.2 gm
Cholesterol: 0 mg Protein: 8.5 gm
Sodium: 384 mg Fat: 12.6 gm
Diabetic exchange: 1½ bread + 2 vegetable + 2½ fat

Soy-Oat Patties with Tomato Pesto
(Makes 4 servings)

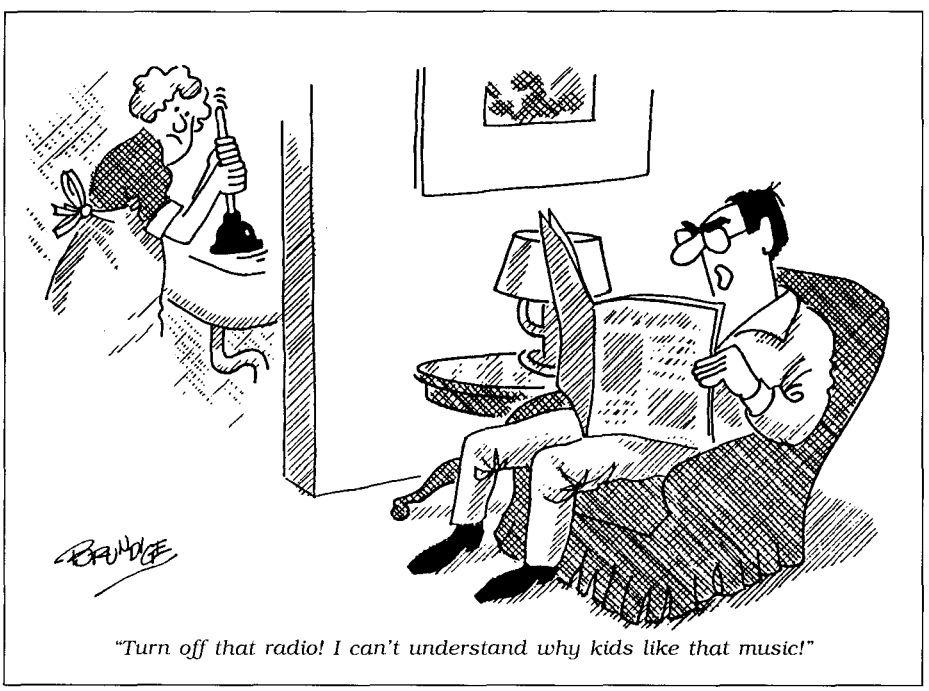
1 cup soaked soybeans
½ cup water
1 tablespoon yeast
1 tablespoon oil
½ teaspoon onion powder
½ teaspoon garlic powder
½ cup dry rolled oats
¼ cup egg substitute or 2 egg whites
½ cup sun-dried tomato pesto

Combine and mix all ingredients except rolled oats and egg substitute or whites in a blender. Place in bowl. Add rolled oats and egg substitutes or whites. Let stand 10 minutes.

Drop ¼ cup scoop on baking pan or electric skillet sprayed with noncaloric vegetable-based spray.

Cook 10 minutes until browned. Turn. Cover and cook 10 minutes.

continued on page 88



"Turn off that radio! I can't understand why kids like that music!"

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1 (8 oz.) package rotini
7 oz. Healthy Choice Low Fat Smoked Sausage, cut into 1/2 inch slices and halved
1 cup (4 oz.) Healthy Choice Fat Free Shredded Mozzarella Cheese
2 carrots, cut into strips (about 1 cup)
1 medium green bell pepper, cut into strips
12 cherry tomatoes, quartered
1/4 cup sliced ripe olives
1 (8 oz.) bottle fat free Italian dressing

Prepare rotini according to package directions; drain. Rinse with cold water; drain. Combine rotini with remaining ingredients; toss. Serve chilled.

10 (1 cup) servings. Per serving: Calories 148, Calories from Fat 9%, Total Fat 1.45 g., Cholesterol 10.8 mg., Sodium 557 mg., Carbohydrates 23.1 g., Protein 10.1 g.

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HEARTBEAT

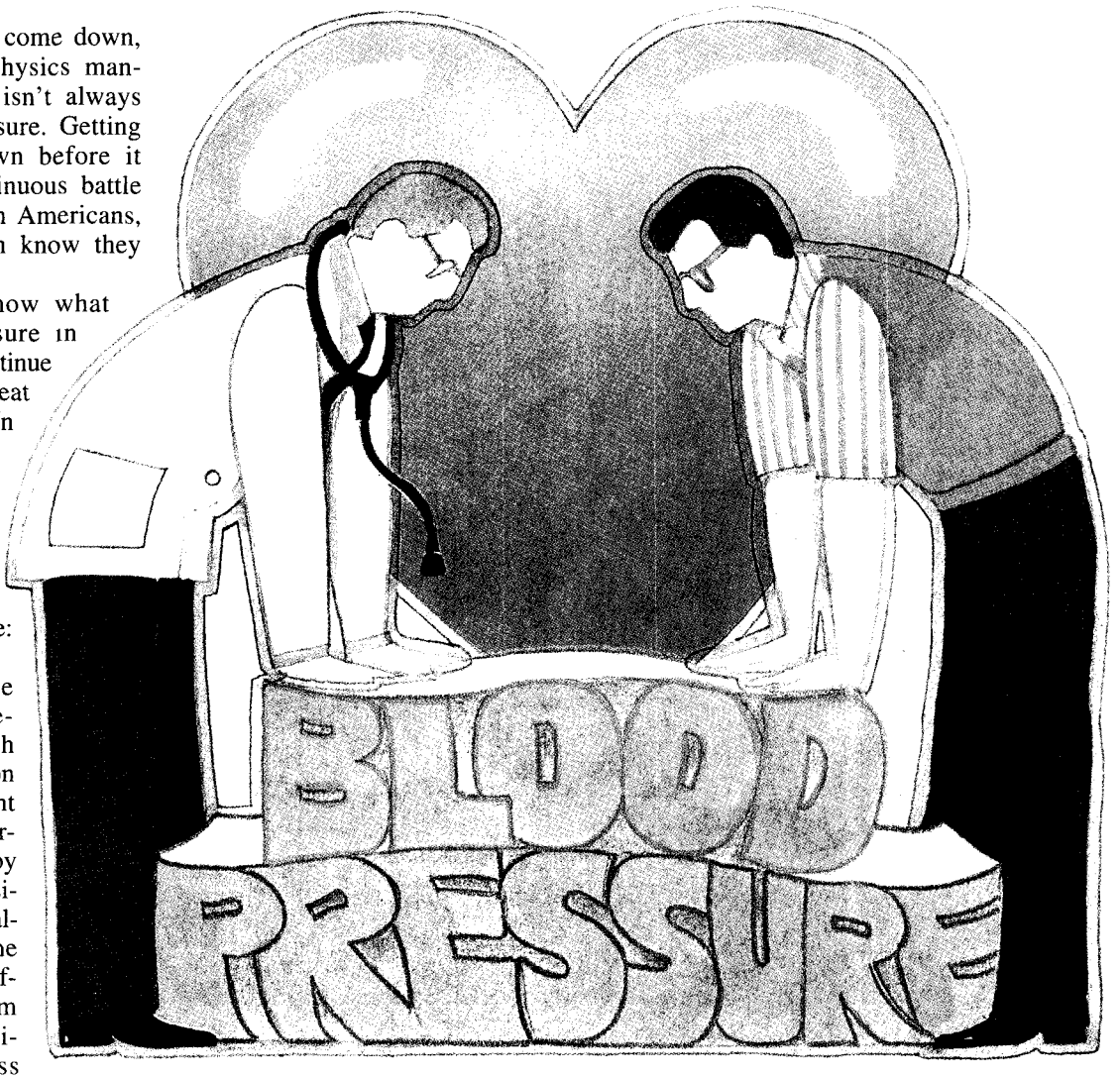
The Healthy Heart Report

BEATING HYPERTENSION

Doctors don't know why it develops, but they continue to find better ways of preventing and treating the disease.

by Ted Kreiter

Illustration by Marcus Hamilton



What goes up must come down, so the laws of physics mandate. Unfortunately, this isn't always the case with blood pressure. Getting high blood pressure down before it gets *you* down is a continuous battle faced by some 60 million Americans, half of whom don't even know they have a problem.

Doctors still don't know what causes high blood pressure in most people, but they continue to find better ways to treat and prevent the disease. In 1995, the Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure added a promising new recommendation for controlling high blood pressure: get plenty of calcium.

Numerous studies have shown that calcium prevents salt-induced high blood pressure, a condition affecting up to 50 percent of hypertensives and normally difficult to control by diet alone. For those sensitive to salt, increasing calcium intake has the same blood pressure-lowering effect as decreasing sodium intake. Salt-sensitive individuals are actually less salt-restricted when they add calcium to the diet. Researchers also found that with enough calcium, salt-sensitive hypertensives can reduce their dependence on blood-pressure medications by as much as 40 percent. Elderly populations, African-Americans, and pregnant women—groups particularly salt-sensitive—can greatly benefit from an increase in their dietary calcium.

How much calcium do you need?

The reference daily intake (the nomenclature that has replaced the familiar U.S. RDA) for calcium is 1,000 mg daily for adults. The average person consumes around 800 mg per day. Increasing the intake of calcium up to 1,500 mg per day may actually be a great preventive measure against hypertension.

Calcium, however, is not the only nutrient on the current "A" list. Potassium, magnesium, and vitamin C also help curb the rise of high blood pressure.

Potassium, abundantly available in bananas, baked potatoes, prune and orange juices, and many other fruits and vegetables, is an ally against strokes, 90 percent of which are linked to high blood pressure. Studies show that by consuming 3,000 to 3,200 mg of potassium each day, you can substantially reduce the risk of dying from strokes.

Another nutrient, magnesium, helps prevent high blood pressure in some and boosts overall cardiovascular health, particularly in the heart. You can get a reference daily intake of 350 mg of magnesium through

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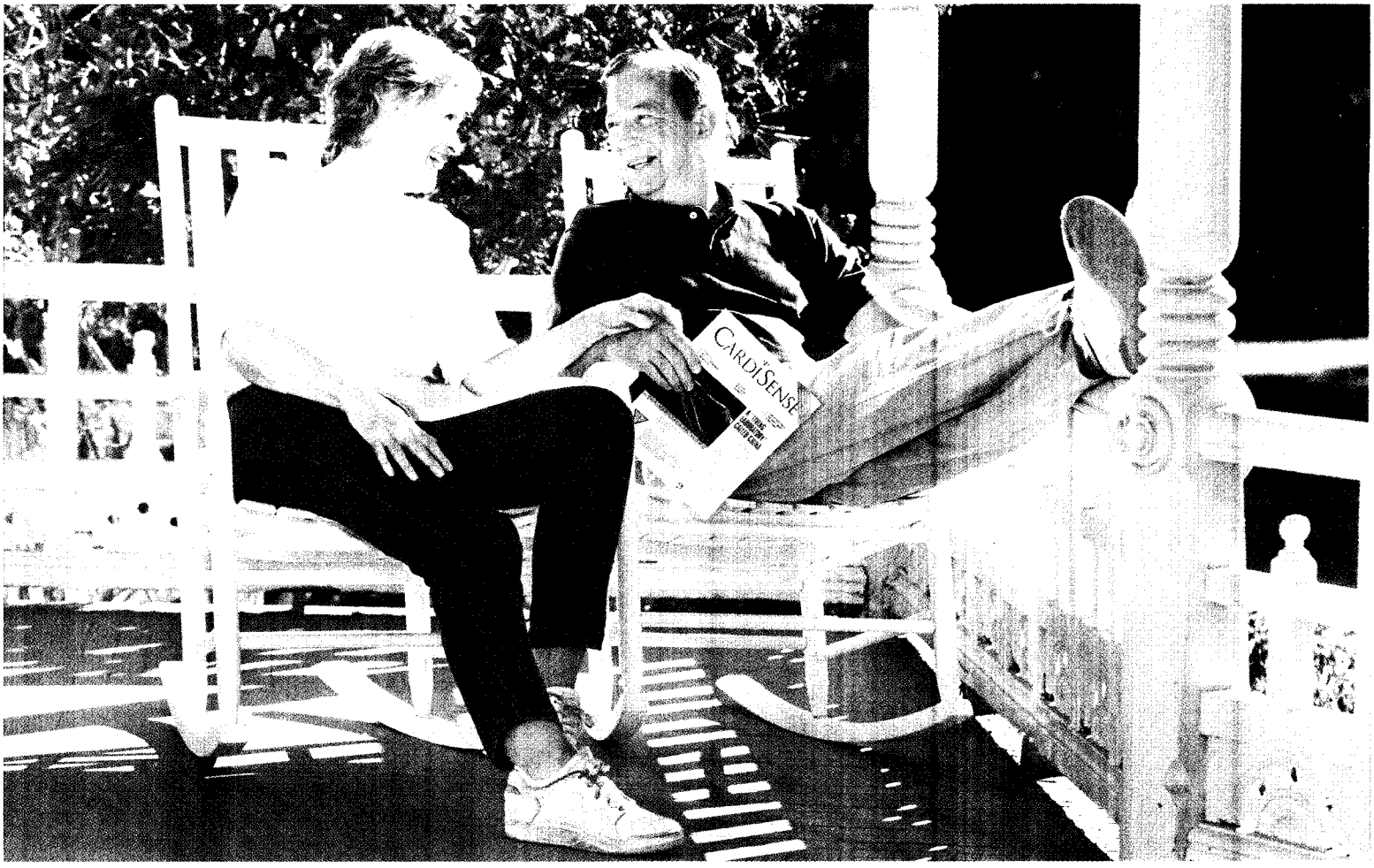

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In clinical studies with Cardizem CD, the most common side effects, seen in less than 5.5% of patients, have been headache, dizziness, slow heart rate, heartbeat irregularities, and swelling of the ankles. Cardizem CD is not appropriate for all people, especially those with certain serious heart rhythm conditions. Make sure your health care professional knows about your medical history, including heart, liver, and kidney problems. Tell your health care professional about other medications you are taking because of possible drug interactions which could result in other potentially serious side effects.

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See important additional information on adjacent page.

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Brief Summary of
Prescribing Information as of April 1993

CARDIZEM® CD
(diltiazem HCl)

Capsules

CONTRAINDICATIONS
CARDIZEM is contraindicated in (1) patients with sick sinus syndrome except in the presence of a functioning ventricular pacemaker, (2) patients with second- or third-degree AV block except in the presence of a functioning ventricular pacemaker, (3) patients with hypotension (less than 90 mm Hg systolic), (4) patients who have demonstrated hypersensitivity to the drug, and (5) patients with acute myocardial infarction and pulmonary congestion documented by x-ray on admission.

WARNINGS
1. **Cardiac Conduction.** CARDIZEM prolongs AV node refractory periods without significantly prolonging sinus node recovery time, except in patients with sick sinus syndrome. This effect may rarely result in abnormally slow heart rates (particularly in patients with sick sinus syndrome) or second- or third-degree AV block (13 of 3290 patients or 0.40%). Concomitant use of diltiazem with beta-blockers or digitalis may result in additive effects on cardiac conduction. A patient with Prinzmetal's angina developed periods of asystole (2 to 5 seconds) after a single dose of 60 mg of diltiazem.
2. **Congestive Heart Failure.** Although diltiazem has a negative inotropic effect in isolated animal tissue preparations, hemodynamic studies in humans with normal ventricular function have not shown a reduction in cardiac index nor consistent negative effects on contractility (dp/dt). An acute study of oral diltiazem in patients with impaired ventricular function (ejection fraction 24% ± 6%) showed improvement in indices of ventricular function without significant decrease in contractile function (dp/dt). Worsening of congestive heart failure has been reported in patients with preexisting impairment of ventricular function. Experience with the use of CARDIZEM (diltiazem hydrochloride) in combination with beta-blockers in patients with impaired ventricular function is limited. Caution should be exercised when using this combination.
3. **Hypotension.** Decreases in blood pressure associated with CARDIZEM therapy may occasionally result in symptomatic hypotension.
4. **Acute Hepatic Injury.** Mild elevations of transaminases with and without concomitant elevation in alkaline phosphatase and bilirubin have been observed in clinical studies. Such elevations were usually transient and frequently resolved even with continued diltiazem treatment. In rare instances, significant elevations in enzymes such as alkaline phosphatase, LDH, SGOT, SGPT, and other phenomena consistent with acute hepatic injury have been noted. These reactions tended to occur early after therapy initiation (1 to 8 weeks) and have been reversible upon discontinuation of drug therapy. The relationship to CARDIZEM is uncertain in some cases, but probable in some. (See PRECAUTIONS.)

PRECAUTIONS
General
CARDIZEM (diltiazem hydrochloride) is extensively metabolized by the liver and excreted by the kidneys and in bile. As with any drug given over prolonged periods, laboratory parameters of renal and hepatic function should be monitored at regular intervals. The drug should be used with caution in patients with impaired renal or hepatic function. In subacute and chronic dog and rat studies designed to produce toxicity, high doses of diltiazem were associated with hepatic damage. In special subacute hepatic studies, oral doses of 125 mg/kg and higher in rats were associated with histological changes in the liver which were reversible when the drug was discontinued. In dogs, doses of 20 mg/kg were also associated with hepatic changes; however, these changes were reversible with continued dosing.
Dermatological events (see ADVERSE REACTIONS section) may be transient and may disappear despite continued use of CARDIZEM. However, skin eruptions progressing to erythema multiforme and/or exfoliative dermatitis have also been infrequently reported. Should a dermatologic reaction persist, the drug should be discontinued.

Drug Interactions
Due to the potential for additive effects, caution and careful titration are warranted in patients receiving CARDIZEM concomitantly with other agents known to affect cardiac contractility and/or conduction. (See WARNINGS.) Pharmacologic studies indicate that there may be additive effects in prolonging AV conduction when using beta-blockers or digitalis concomitantly with CARDIZEM. (See WARNINGS.)
As with all drugs, care should be exercised when treating patients with multiple medications. CARDIZEM undergoes biotransformation by cytochrome P-450 mixed function oxidase. Coadministration of CARDIZEM with other agents which follow the same route of biotransformation may result in the competitive inhibition of metabolism. Especially in patients with renal and/or hepatic impairment, dosages of similarly metabolized drugs, particularly those of low therapeutic ratio, may require adjustment when starting or stopping concomitantly administered diltiazem to maintain optimum therapeutic blood levels.
Beta-blockers. Controlled and uncontrolled domestic studies suggest that concomitant use of CARDIZEM and beta-blockers is usually well tolerated, but available data are not sufficient to predict the effects of concomitant treatment in patients with left ventricular dysfunction or cardiac conduction abnormalities.
Administration of CARDIZEM (diltiazem hydrochloride) concomitantly with propranolol in five normal volunteers resulted in increased propranolol levels in all subjects and bioavailability of propranolol was increased approximately 50%. In vitro, propranolol appears to be displaced from its binding sites by diltiazem. If combination therapy is initiated or withdrawn in conjunction with propranolol, an adjustment in the propranolol dose may be warranted. (See WARNINGS.)
Cimetidine. A study in six healthy volunteers has shown a significant increase in peak diltiazem plasma levels (58%) and area-under-the-curve (53%) after a 1-week course of cimetidine at 1200 mg per day and a single dose of diltiazem 60 mg. Ranitidine produced smaller, nonsignificant increases. The effect may be mediated by cimetidine's known inhibition of hepatic cytochrome P-450, the enzyme system responsible for the first-pass metabolism of diltiazem. Patients currently receiving diltiazem therapy should be carefully monitored for a change in pharmacological effect when initiating and discontinuing therapy with cimetidine. An adjustment in the diltiazem dose may be warranted.
Digitalis. Administration of CARDIZEM with digoxin in 24 healthy male subjects increased plasma digoxin concentrations approximately 20%. Another investigator found no increase in digoxin levels in 12 patients with coronary artery disease. Since there have been conflicting results regarding the effect of digoxin levels, it is recommended that digoxin levels be monitored when initiating, adjusting, and discontinuing CARDIZEM therapy to avoid possible over- or under-digitalization. (See WARNINGS.)
Anesthetics. The depression of cardiac contractility, conductivity, and automaticity as well as the vascular dilation associated with anesthetics may be potentiated by calcium channel blockers. When used concomitantly, anesthetics and calcium blockers should be titrated carefully.
Cyclosporine. A pharmacokinetic interaction between diltiazem and cyclosporine has been observed during studies involving renal and cardiac transplant patients. In renal and cardiac transplant recipients, a reduction of cyclosporine dose ranging from 15% to 48% was necessary to maintain cyclosporine trough concentrations similar to those seen prior to the addition of diltiazem. If these agents are to be administered concurrently, cyclosporine concentrations should be monitored, especially when diltiazem therapy is initiated, adjusted, or discontinued.
The effect of cyclosporine on diltiazem plasma concentrations has not been evaluated.
Carbamazepine. Concomitant administration of diltiazem with carbamazepine has been reported to result in elevated serum levels of carbamazepine (40% to 72% increase), resulting in toxicity in some cases. Patients receiving these drugs concurrently should be monitored for a potential drug interaction.

Carcinogenesis, Mutagenesis, Impairment of Fertility
A 24-month study in rats at oral dosage levels of up to 100 mg/kg/day and a 21-month study in mice at oral dosage levels of up to 30 mg/kg/day showed no evidence of carcinogenicity. There was also no mutagenic response in vitro or in vivo in mammalian cell assays or in vitro in bacteria. No evidence of impaired fertility was observed in a study performed in male and female rats at oral dosages of up to 100 mg/kg/day.

Pregnancy
Category C. Reproduction studies have been conducted in mice, rats, and rabbits. Administration of doses ranging from five to ten times greater (on a mg/kg basis) than the daily recommended therapeutic dose has resulted in embryo and fetal lethality. These doses, in some studies, have been reported to cause skeletal abnormalities. In the perinatal/postnatal studies, there was an increased incidence of stillbirths at doses of 20 times the human dose or greater.
There are no well-controlled studies in pregnant women; therefore, use CARDIZEM in pregnant women only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers
Diltiazem is excreted in human milk. One report suggests that concentrations in breast milk may approximate serum levels. If use of CARDIZEM is deemed essential, an alternative method of infant feeding should be instituted.

Pediatric Use
Safety and effectiveness in children have not been established.

ADVERSE REACTIONS
Serious adverse reactions have been rare in studies carried out to date, but it should be recognized that patients with impaired ventricular function and cardiac conduction abnormalities have usually been excluded from these studies.
The following table presents the most common adverse reactions reported in placebo-controlled angina and hypertension trials in patients receiving CARDIZEM CD up to 360 mg with rates in placebo patients shown for comparison.

CARDIZEM CD Capsule Placebo-Controlled Angina and Hypertension Trials Combined

Adverse Reactions	Cardizem CD (n=607)	Placebo (n=301)
Headache	5.4%	5.0%
Dizziness	3.0%	3.0%
Bradycardia	3.3%	1.3%
AV Block First Degree	3.3%	0.0%
Edema	2.6%	1.3%
ECG Abnormality	1.6%	2.3%
Asthenia	1.8%	1.7%

In clinical trials of CARDIZEM CD capsules, CARDIZEM tablets, and CARDIZEM SR capsules involving over 3200 patients, the most common events (ie, greater than 1%) were edema (4.6%), headache (4.6%), dizziness (3.5%), asthenia (2.6%), first-degree AV block (2.4%), bradycardia (1.7%), flushing (1.4%), nausea (1.4%), and rash (1.2%).
In addition, the following events were reported infrequently (less than 1%) in angina or hypertension trials:
Cardiovascular: Angina, arrhythmia, AV block (second- or third-degree), bundle branch block, congestive heart failure, ECG abnormalities, hypotension, palpitations, syncope, tachycardia, ventricular extrasystoles
Nervous System: Abnormal dreams, amnesia, depression, gait abnormality, hallucinations, insomnia, nervousness, paresthesia, personality change, somnolence, tinnitus, tremor
Gastrointestinal: Anorexia, constipation, diarrhea, dry mouth, dysgeusia, dyspepsia, mild elevations of SGOT, SGPT, LDH, and alkaline phosphatase (see hepatic warnings), thirst, vomiting, weight increase
Dermatological: Petechiae, photosensitivity, pruritus, urticaria
Other: Amblyopia, CPK increase, dyspnea, epistaxis, eye irritation, hyperglycemia, hyperuricemia, impotence, muscle cramps, nasal congestion, nocturia, osteoarticular pain, polyuria, sexual difficulties
The following postmarketing events have been reported infrequently in patients receiving CARDIZEM: alopecia, erythema multiforme, exfoliative dermatitis, extrapyramidal symptoms, gingival hyperplasia, hemolytic anemia, increased bleeding time, leukopenia, purpura, retinopathy, and thrombocytopenia. In addition, events such as myocardial infarction have been observed which are not readily distinguishable from the natural history of the disease in these patients. A number of well-documented cases of generalized rash, characterized as leukocytoclastic vasculitis, have been reported. However, a definitive cause and effect relationship between these events and CARDIZEM therapy is yet to be established.

Prescribing Information as of April 1993

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supplements or by consuming magnesium-rich whole grains, leafy green vegetables, some seafood, and lean meats. The powerful antioxidant vitamin C, also taken in daily doses of 500 to 1,000 mg, has been shown to be another ally in preventing hypertension.

Although obesity, excessive alcohol consumption, and cigarette smoking increase the risk of hypertension, increased exercise can reduce it. At the Cooper Clinic in Dallas, Dr. Kenneth Cooper and his associates use a combination of drugs, diet, and exercise to combat hypertension.

"Regular aerobic exercise is one of the most effective nondrug medicines for those at risk for hypertension," Dr. Cooper says. However, Dr. Cooper cautions that certain people with severe hypertension shouldn't jump into strenuous exercise, unless and until their blood pressure can be controlled with drugs. At his clinic, he established a blood pressure limit of 175/100 (systolic/diastolic reading). Before a patient can safely participate in a vigorous exercise program, blood pressure must first be controlled by medication.

Dr. Cooper's prescription for controlling high blood pressure includes a healthy dose of good foods and regular exercise. Diet and exercise help one stay at ideal weight, removing the upper body fat (particularly around the waist) that also is a major risk factor for hypertension.

The well-known health advocate also counsels patients to include plenty of potassium in their diets, especially if they are on prescribed diuretic medications that cause loss of potassium through excessive urination. How much potassium? A high blood pressure diet, says Dr. Cooper, should contain four to five grams of potassium daily, a figure one to two grams above the normal requirement.

Dr. Cooper offers the following dietary tips to help you keep high blood pressure under control:

1. For adequate calcium, include two to three nonfat or low-fat milk products daily (e.g., milk, yogurt, or cheese). Part-skim-milk mozzarella is an excellent lower-sodium, low-fat, high-calcium cheese. Deli cheese in counters may include many specialty low-fat, low-sodium cheeses—but read the labels to find out which are best.

2. Be selective with protein foods, including dairy and meat products. Remember, these foods are naturally high in sodium.

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3. Eat large portions of fresh produce—especially fruits and vegetables. These foods contain virtually no sodium, are relatively free of fat and cholesterol, are rich in potassium and fiber, and are highly nutritious complex carbohydrates.

4. Avoid canned or packaged processed foods. Most contain high levels of sodium.

5. Eat at least four to six starches daily. Most starches—including rice, pasta, oatmeal, potatoes, and corn—are sodium free. Prepare them without salt, even thought the package instructions may recommend cooking with salt.

6. Be aware that each slice of bread contains approximately 125 mg of sodium.

7. In cooking, use one half as much salt as a recipe calls for, or none at all.

8. Read cereal labels. Some cereals contain approximately 300 to 600 mg of sodium per one-cup serving.

9. Choose the following as beverages: water, mineral water, or sparkling water. Canned diet soft drinks contain a small amount of sodium—approximately 50 mg per 12-ounce can. Fruit juices are sodium-free. However, V-8 and other vegetable and tomato juices are high in salt, unless you purchase the "low-sodium" varieties.

10. When cooking, avoid high-sodium condiments such as monosodium glutamate, bouillon cubes, canned broths, canned soups, meat tenderizers, garlic salt, onion salt, lemon pepper, soy sauce, teriyaki, ketchup, steak sauce, Worcestershire sauce, and barbecue sauce.

Instead, use herbs, spices, salt-free seasoning, blends, lemon juice, Tabasco sauce, Kitchen Bouquet (a liquid seasoning blend), angostura bitters, unsalted bouillon cubes, or regular wine (not cooking wine).

11. The use of "lite" salt in place of regular salt cuts the sodium in half. On the other hand, you can eliminate salt entirely with a "salt substitute" or "salt-free seasoning blend."

12. Make homemade broth from defatted, unsalted chicken drippings. Just freeze them in ice-cube trays and use them later as "bouillon" or "broth" cubes. Regular bouillon cubes contain excess salt.

13. At salad bars, eat the fresh, simple vegetables, avoiding combination dishes (e.g., tuna salad, pasta salad, etc.). The combination plates contain unknown quantities of salt. Avoid obvious high-salt selections, such as canned bean salads, pickles, olives, croutons, bacon, commercial dressings, or salted nuts and seeds.

14. For snacks, make salt-free homemade popcorn, or purchase unsalted pretzels. Eat shredded wheat or homemade "trail mix" made of dried fruit, low-sodium cereals, and unsalted pretzels. In addition, fruit makes a good sodium-free antihypertensive snack.

15. For desserts, choose fruit, sherbet, fruit ice, frozen yogurt, ice milk, gelatin, and homemade desserts containing low-sodium ingredients. Avoid commercial pastries, cakes, and cookies, which are high in sodium.

Blood Pressure Facts

* Your chances of controlling mild hypertension without drugs are *very good.*
* A single high reading in your doctor's office is *not* conclusive evidence of the disease.
* Your blood-pressure readings may vary considerably during any given day—and those ups and downs may be quite normal.
* It's common for many people, with hypertension or without, to have two upward "bursts" of blood pressure in the morning—one immediately on awakening and another on getting out of bed and walking around.
* Vigorous exertion (especially the type that tenses the muscles), the experience of stress or anxiety, the ingestion of caffeine, smoking, a full bladder, or simply eating immediately before a blood pressure reading is taken *may* lead to an invalid measurement.
* Excessive use of alcohol may lead to elevated blood pressure, but paradoxically, moderate use had been linked to a lower incidence of coronary disease.
* Your *average* blood pressure (i.e., the average of multiple readings taken over one to two months, rather than one isolated reading) is the key to diagnosing hypertension.
* Many cases of hypertension have a genetic factor. That is, there's an inherited tendency toward high blood pressure in some people. However, your genes need not be decisive! Changes in lifestyle or the administration of appropriate medications can often offset the influence of heredity.

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SOCIAL SKILLS IN THE PRESENCE OF A BOY WONDER

Puberty was bad enough; now the 15-year-old daughter had to bring home a pug-nosed zombie with no chin and four layers of acne.

by Margie Kemp

Illustrated by Don Trawin

Puberty was not kind to my daughter, Regina. It transformed her from a cheerful sunflower to an ever-shifting tumbleweed. Her moods changed in mid-sentence. Her normally tidy room took on the appearance of a city dump. She was cross; she was clumsy; she was careless.

Then she met Joshua Miller.

Who is Joshua Miller? EVERY young girl has known a Joshua Miller. Why is the grass green? "Because Joshua likes green." Why is the sky blue? "Because Joshua's eyes are blue."

The particular Joshua Miller that our 15-year-old was bringing home had a habit of stating publicly that our daughter was "simply gorgeous" and "absolutely darlin'." Regina repeated these remarks with a glow that assured us her young man was Harvard material.

The world began spinning in an opposite direction when Joshua consented to visit our home one Saturday night.

Preparations for this Saturday visit began at 6:00 Tuesday morning. I was sitting in the kitchen, mumbling contentedly to my early cup of coffee when the 300-watt light fixture snapped lightning into my bleary eyes. A voice that sounded like a TV drill sergeant ordered, "Sit up STRAIGHT, Mom! Do you want Joshua to think I'll be hunchbacked when I'm old?" I'm 36.

Regina had begun the endless, and thankless, task of teaching her family how to behave in the presence of THE GREAT ONE.

"Now, everybody listen to me. When Joshua comes, please, please, PLEASE try not to stare at him. Gorgeous people are modest, and you'll embarrass him," she breathed happily.

"Whatever happens, don't let baby Larry spit up while Joshua's here. People in Joshua's family don't do gross things like that, so if baby Larry starts to make ANY strange noises, hide him in Andy's room." She stopped to consider this. "Better yet, why don't we just send him to a sitter? You know how irritating he is when he cries."

I would have strangled her, but she began fixing her hair and cleaning her room. So I bit my lip and endured her preparations.

"Do you think Dad could manage to keep his shirttail all the way in for one evening?" Regina pleaded. "I hope Joshua doesn't look too closely at our carpet." She told her younger brother, "Andy, when Joshua comes, don't walk around the way you usually do, trying to do the Pee Wee Herman shuffle. Joshua really knows how to dance, and he'll think you're having muscle spasms."

As the long week progressed, I gave in to my daughter's almost hysterical pleas to wax the floor, dust the air ducts, wash the kitchen curtains, and "do something" about the top of my desk. Regina cleaned the oven herself, apparently unconvinced that I would do an adequate job.

By Friday afternoon, our house was cleaner than it was the day we bought it. Regina, primping like a teenaged beauty queen, practiced waltzing across the living room and sitting demurely on the sofa. She kept a curling brush in one hand at all times. She reorganized her closet and tried on every stitch of clothing she owned.

I tried to ease her tension. "Honey, I'm sure Joshua will not come in here with a clipboard to grade you on your home and family. It's you he likes." She didn't seem to hear me. I tried again. "I'm sure your friend is a nice

Joshua didn't wait for a second invitation. Uttering an appreciative "Wow!" he attacked.

continued on page 30

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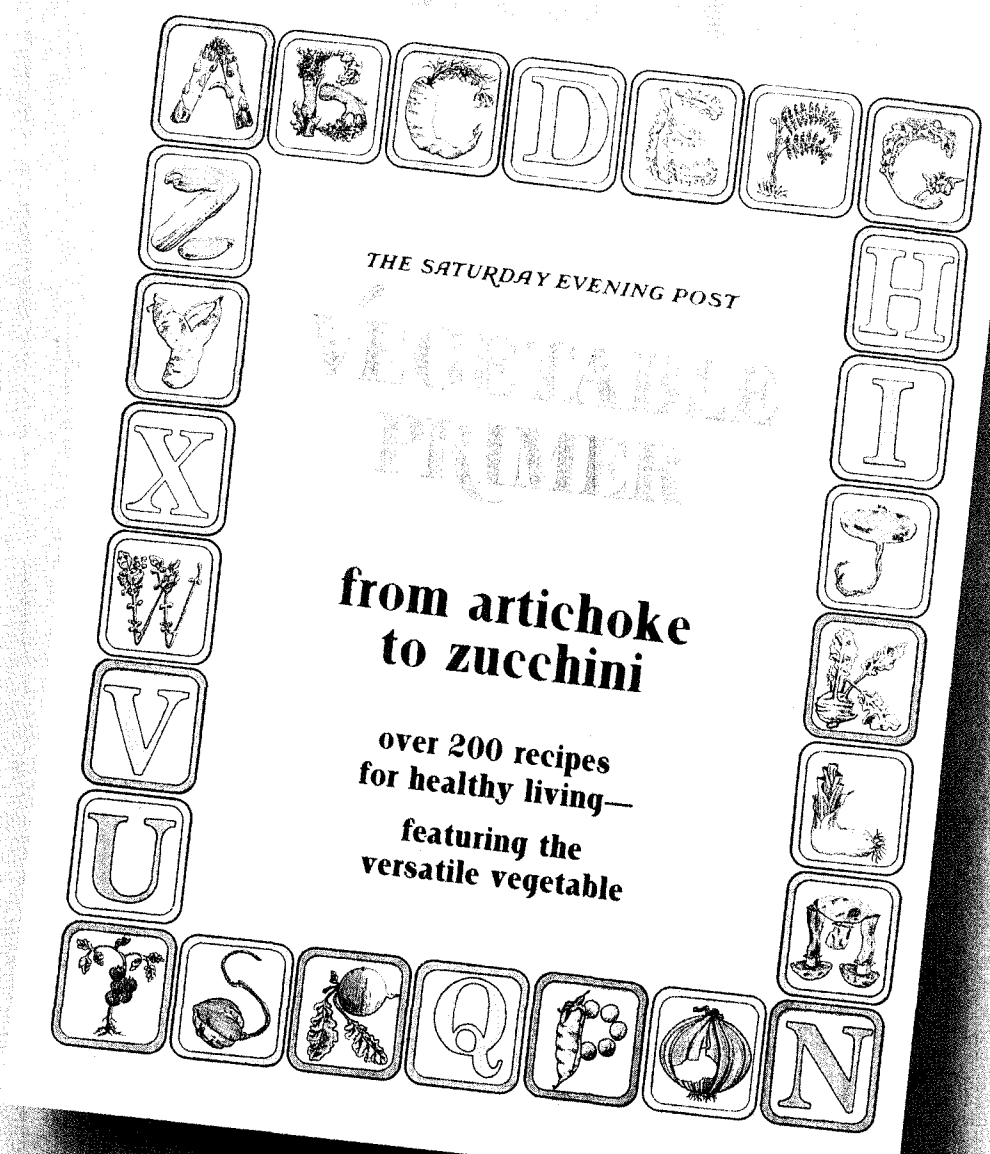
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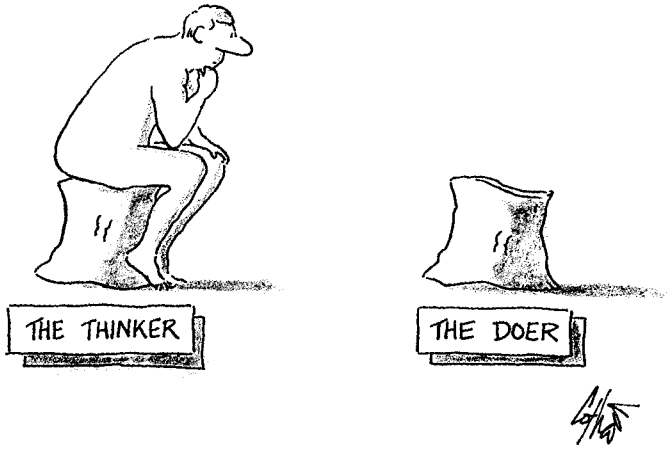
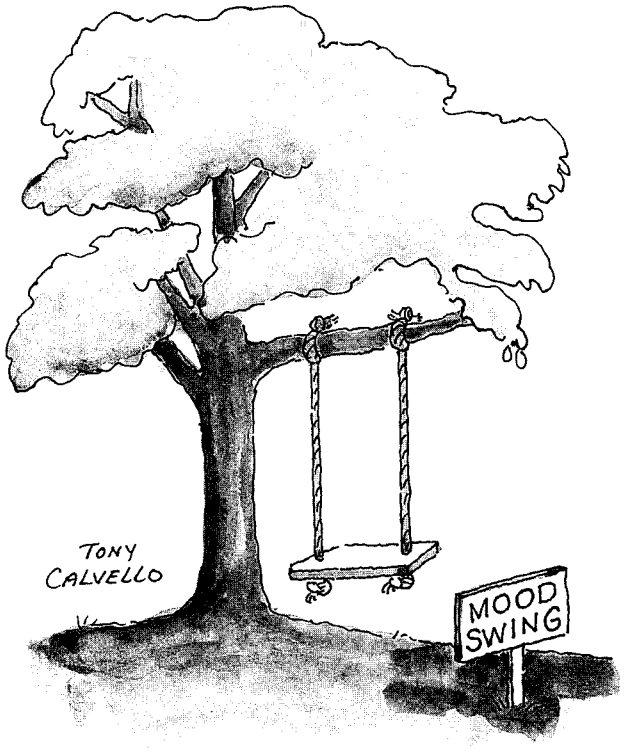
DEEP THOUGHTS





"I wasn't going to buy anything until that snotty clerk suggested we couldn't afford it."

"She'll scratch the dog's belly, but she won't scratch mine!"

"Above reproach, please."

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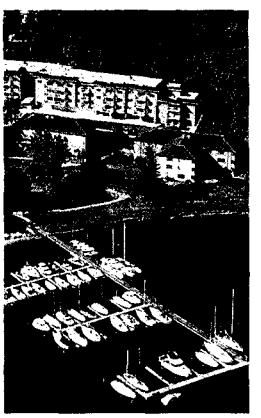

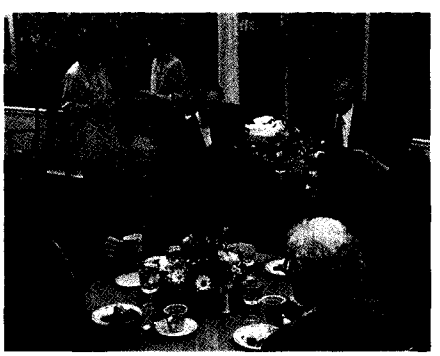

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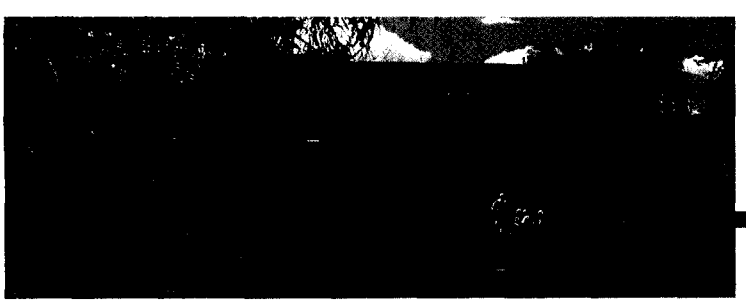

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LETTER TO CHRISTOPH

A father's wise words to his departing son ring true more than four centuries later.

Illustrated by Don Trawin

Editor's note: *When 14-year-old Christoph Ravensburg left his home in Augsburg, Germany, in 1539 for a merchant apprenticeship in Lyons, France, his father did what many fathers have done before and since; he gave his son a letter of advice. In it, he offered parental wisdom meant to guide the boy through the pitfalls that lay ahead. The missive remains one of the most detailed of its kind surviving from 16th century Germany. In its emphasis on loyalty, obedience, honesty, good character, and common sense, the letter reminds us of the time-honored virtues upon which the moral and political foundations of society depend.*

Augsburg, 1539

Dear son Christoph,
May almighty God grant you good fortune and grace for your journey, so that you may live according to His will and remain true to the favor and love of your father and mother, as a devout and obedient son. . . . Love God, be mindful of Him, and keep His commandments.

Attend the religious service in the land where you will be, as other devout and honorable people there do [The Ravensburgs were Lutherans; Lyons' citizens were Catholic]. Argue neither a little nor a lot over any matter of faith, for that will only put you at a disadvantage and may even threaten your life. . . . Buy a Latin prayerbook like those the people there have, and use it so that God may help you and you may suffer no want.

Above all else, take care that you do not lie and steal. Should you find yourself alone with the merchants' money or their wares in your hand, don't take anything. It often happens that money or something else is purposefully left as a test for one such as you. So as dear to you as your life and my favor are . . . be false to no one about anything. . . . Avoid strong drink by mixing a lot of water in with your wine. Resolve not to get drunk either during your journey or after your arrival. . . . Take care of yourself in this way, so that you may keep your resistance to illness high.

Keep yourself and your clothes clean, and take good care of your belongings. . . . Keep your feet warm and dry, for the world is an unholy bath, and dry feet will make you less vulnerable to diseases of the foot.

Do not go about the streets at night unless your master sends you out. He will then arrange your outing, so that you may go safely. Many corrupt youth hang out along the Saône and many crimes are committed there.

Concentrate on your needs . . . and don't spend money needlessly, because when you are grown and older, you will want and need it. . . . As you know, great expenditures are now being made on your behalf, and such will also be made on behalf of your siblings, so that after my death, you will have all the less [money]. Therefore . . . plan now to be self-supporting, and consider also how you might put yourself in a position to help the children of your brothers and sisters as well.

Take care in your innocence that you not let yourself be talked into a marriage on your own, or become entrapped. And stay away from dishonest women, so that you do not get pox and the other maladies that flow from such women.

Write often to me and your mother, and let me know what kind of master you have there, what his name is, what he does, how many servants he has, and how he treats you.

Your loving father,
Leo

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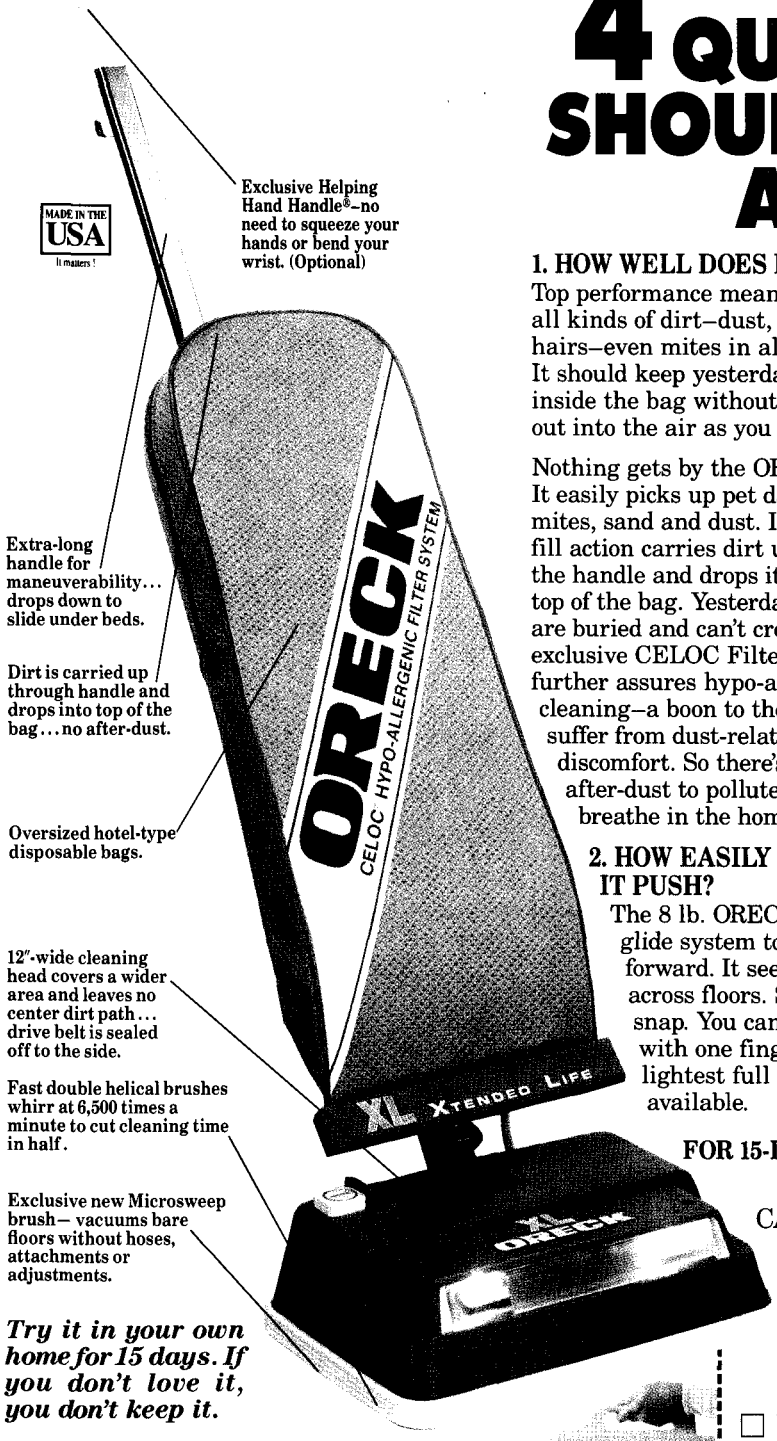
4 QUESTIONS YOU SHOULD ASK ABOUT A VACUUM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Exclusive Helping Hand Handle®–no need to squeeze your hands or bend your wrist. (Optional)
Extra-long handle for maneuverability... drops down to slide under beds.
Dirt is carried up through handle and drops into top of the bag... no after-dust.
Oversized hotel-type disposable bags.
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Fast double helical brushes whirr at 6,500 times a minute to cut cleaning time in half.
Exclusive new Microsweep brush– vacuums bare floors without hoses, attachments or adjustments.
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XL XTENDED LIFE

Try it in your own home for 15 days. If you don't love it, you don't keep it.

1. HOW WELL DOES IT WORK?
Top performance means picking up all kinds of dirt–dust, sand, pet hairs–even mites in all carpeting. It should keep yesterday's dirt inside the bag without spewing it out into the air as you clean.

Nothing gets by the ORECK XL. It easily picks up pet dander, dust mites, sand and dust. Its unique top-fill action carries dirt up through the handle and drops it on the inside top of the bag. Yesterday's pickings are buried and can't creep out. The exclusive CELOC Filter System further assures hypo-allergenic cleaning–a boon to those who suffer from dust-related or allergic discomfort. So there's never any after-dust to pollute the air you'll breathe in the home.

2. HOW EASILY DOES IT PUSH?
The 8 lb. ORECK has an air-glide system to propel it forward. It seems to float across floors. Stairs are a snap. You can lift the unit with one finger. It's the lightest full size vacuum available.

Only ORECK has the Helping Hand® attachment. If your grip's weak, the Helping Hand attachment is designed according to the orthopedic principles of ergonomics. It reduces by more than ⅓ the force needed to operate the cleaner. A godsend for people with hand or wrist problems.

The 30-foot cord means less bending. Brush speed and height are automatically adjusted for different surfaces–rugs, carpet, wood and tile. No need to stretch and reach to switch.

3. HOW FAST DOES IT CLEAN?
The ORECK's brushes revolve at an amazing 6,500 times a minute. Twice as fast as ordinary cleaners. You get twice the cleaning power. So you cut your cleaning time in half, with an ORECK. And use less power, too.

4. HOW LONG WILL IT LAST?
Years of heavy duty have made the ORECK the favorite of over 1,000,000 private and professional users. You get a 10-year guarantee against breakage or burnout of the housing, PLUS a 3-year warranty on the Extended Life Motor. That's *twice as long* as on most others.

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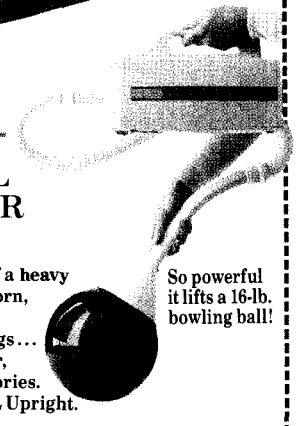

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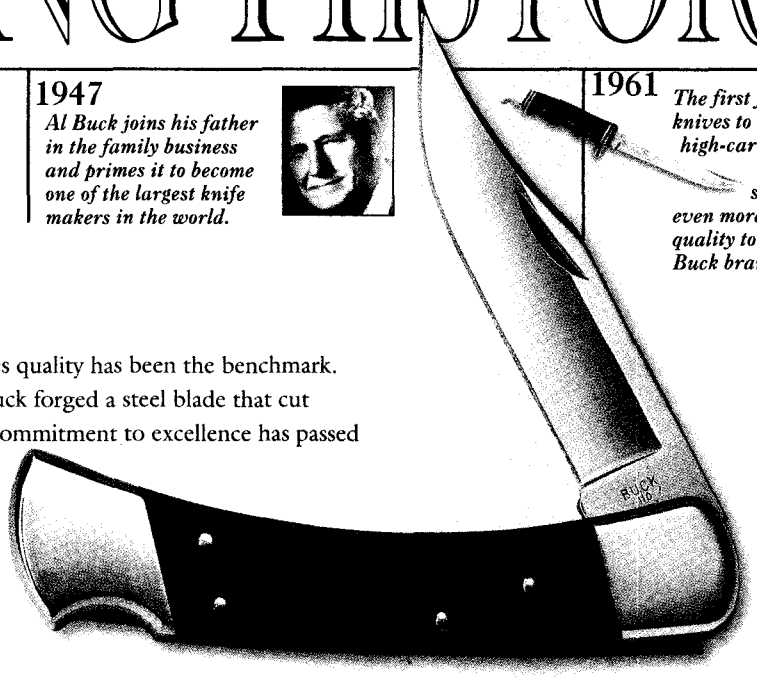

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Social Skills

continued from page 24

boy, but he *is* only a boy, and there are multitudes of other nice young men."

"Mother!" She gave me a look that told me my IQ had just nosedived from 34 to 16. "He's vice-president of the Science Club, he smiles like Kirk Cameron, and he holds the school record for standing broad jump."

"*Mea culpa!*" I gasped. I cringed to think that within a few years, she would assume the responsibilities and decisions of adulthood.

My husband, Richard, eyed the goings-on with his usual relaxed sense of humor. He consoled Andy, who complained that his sister was treating him "like a toad," then took his daughter aside to ask just what charm this Joshua Miller held.

"Young lady, Daddy will have to go out and buy you roses before this Johnny-come-lately sneaks in here and steals my little girl's heart!" His fatherly charm seemed to reduce Regina's hysteria a bit.

On Saturday evening, our doorbell rang with a little off-key tinkle at 6:54. Regina bolted for her bedroom. "Andy, get the door! No, wait. Your socks are slouchy. Mom! Please answer! I'm too nervous."

Dutifully, I opened the door and said hello. There stood Joshua Miller.

The Boy Wonder greeted me with a solemn military-style salute. "Hi ya." He shoved his knuckles deep into the pockets of his faded jeans and sauntered in. Concentrating on his yellow tennis shoes and the carpet, he offered a gangly handshake to Richard. "Hi ya."

"So," Richard responded, "you must be Joshua Miller. I'm pleased to meet you, young man. I'm Richard Broxie, Regina's father."

Richard's enthusiasm failed to raise the boy's eyes. He studied the lemon-colored sneakers with renewed intensity.

Not to be daunted by the shyness of youth, Richard played host. "Would you like to sit down?"

A shrug.

"Can I get you something to drink?"

Another shrug.

"I hear you're a sophomore."

An imperceptible nod.

"You like school?"

No response.

"Did I tell you I'm Regina's father?"

Boredom.

The awkward monologue was refreshingly interrupted by Regina's surprised "Oh, you're here!" As she walked toward him, we got our first glimpse of his face: blond waves across the forehead, heavy brows, blue-gray eyes, a slightly pugged nose, full lips, hollow cheeks, no chin, and four layers of acne.

He followed his elated hostess to the sofa, where they both flopped down and immediately became absorbed in an auto magazine.

I started the videotape Regina had chosen. It was a World War II movie. The auto magazine slid out of focus.

Richard looked bored. Still, he was determined that this under-dating-age couple have a pleasant-but-supervised evening. He continued his strained attempt at chit-chat.

I retreated to the kitchen to prepare snacks.

"Little girl, we're going to have a long talk," I vowed under my breath. "Hundreds of boys at that school, and you bring home this zombie?"

With my anger vented a bit, I returned to the living room. "Tacos," I announced.

Joshua did not wait for a second

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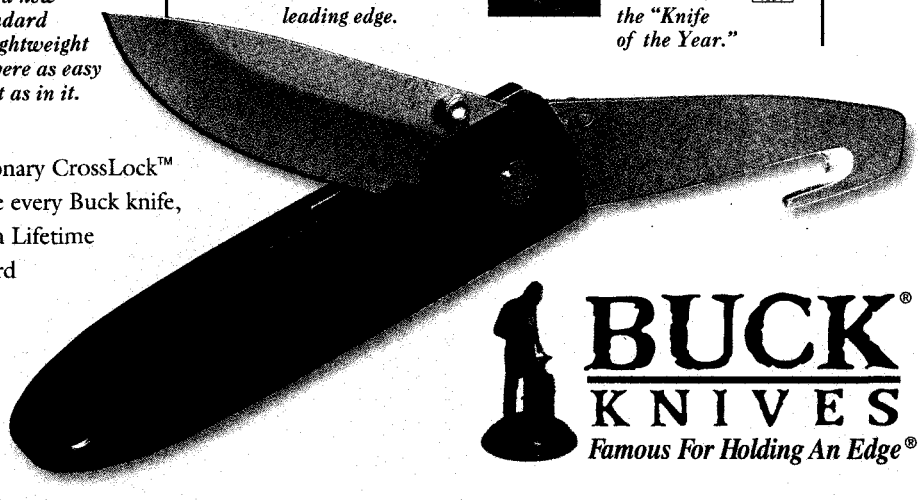

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invitation. He led Regina to the kitchen. Uttering an appreciative "Wow!" he attacked.

Joshua's taco-building style qualified as an art. Shell. Cheese. Meat. Onions. Meat again. More cheese. More onion. Lettuce. Onions. Sauce. Meat. One lonely chunk of tomato.

Tomatoes, he stated with his mouth full, broke his face out.

It seemed humanly impossible for him to cram so many tacos into one meager 92-pound body. He'd inhale one while he built the next. A few times, he came up for air long enough to say, "Oh, wow!" or "Ditto." He never would have kept up with the assembly line, but Regina started helping him build. I watched her deft moves and wondered why she usually needed an entire counter just to construct a peanut butter-and-jelly sandwich.

Tacos kept disappearing. Joshua declined all offers to a chair. I guess he was afraid a change of position would slow him down. Richard leaned protectively against our refrigerator door. I wondered if the boy was going to eat a hole in the counter.

When the frenzy ceased, our kitchen held no trace of tacos.

Without acknowledging the freshly starched curtains hung in his honor, the kid grabbed his cola and followed Regina back to the living room. His mouth had lost its dead expression. He now sported a stony half-grin that was sort of a "Twilight Zone" version of the *Mona Lisa*.

My daughter and her guest sat looking at nothing. If one shifted, the other mimicked. She crossed her legs; he crossed his. He scratched his nose; she scratched hers. Both of them pulled their feet up into the couch.

Andy tried to talk to Joshua. Every time he said something, the happy couple looked at each other and giggled. Andy gave up and played on the floor with baby Larry.

Joshua gave Regina a sharp elbow in the ribs. "G'wan. Say something!" he ordered.

More giggles.

I expected to see a news flash on television: "SOPHOMORE OVERDOSES ON TACOS . . . BRAIN CONGEALS . . . GIRLFRIEND DIES IN GIGGLE FIT . . . DETAILS AT 11:00."

By 10:00, I was so frazzled I felt like a zombie myself. Richard kept checking his wristwatch. Baby Larry was sleeping soundly, but Andy kept creeping out of bed, peering around the corner, and making kissy noises.

Beep! Beep!

The horn of Mr. Miller's Chevette brought tears of gratitude to my eyes. We stepped out on the porch and waved a gracious greeting to the balding man behind the wheel.

Joshua Miller was finally gone.

Regina swooped back into the house and spun around in an enchanted daze. I sent her to bed.

She would be shot at sunrise!

Sunday morning, I stumbled into the kitchen and was surprised to find it gleaming. Regina had gotten up early to clean up the taco dishes. She sat with her back to me and cooed softly as she cheerfully fed Larry. She had already laid out his clothes for Sunday school.

That afternoon, my daughter sat on the living room floor with her hair neatly pinned back and allowed Andy to beat her in four consecutive games of backgammon.

She was courteous. She was kind. Her joy was contagious.

I hope Joshua comes back soon. ▲

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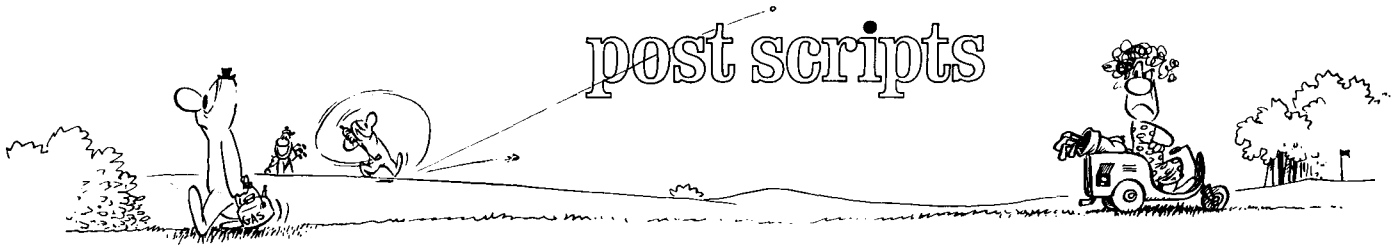
post scripts



Playing It Cool

To save on air-conditioning costs,
I sit in old porch swings
And lie in hammocks under trees.
And do the coolest things!

—Alice T. Weger

Perennial Pleasure

No flower from bulb or seed
will I ever gain need.
I received the greatest lift
With my son's eager gift:
A dandelion weed.

—Gabriele Nysveen

The Cones of Summer

My ice cream treat
was a "double dip";
most of it's on
my dress and slip.

I got three licks,
my dog got two;
the rest of it
is on my shoe.

—Lois V. Denson

A Growing Problem

Jelly on the doorknobs,
crayon on the wall,
streaks across my windowpanes,
handprints on the hall.

I scrub, I wash, I grumble,
and then at last I tire.
As he grows, does the mess
abate?
Not at all—it just gets higher!

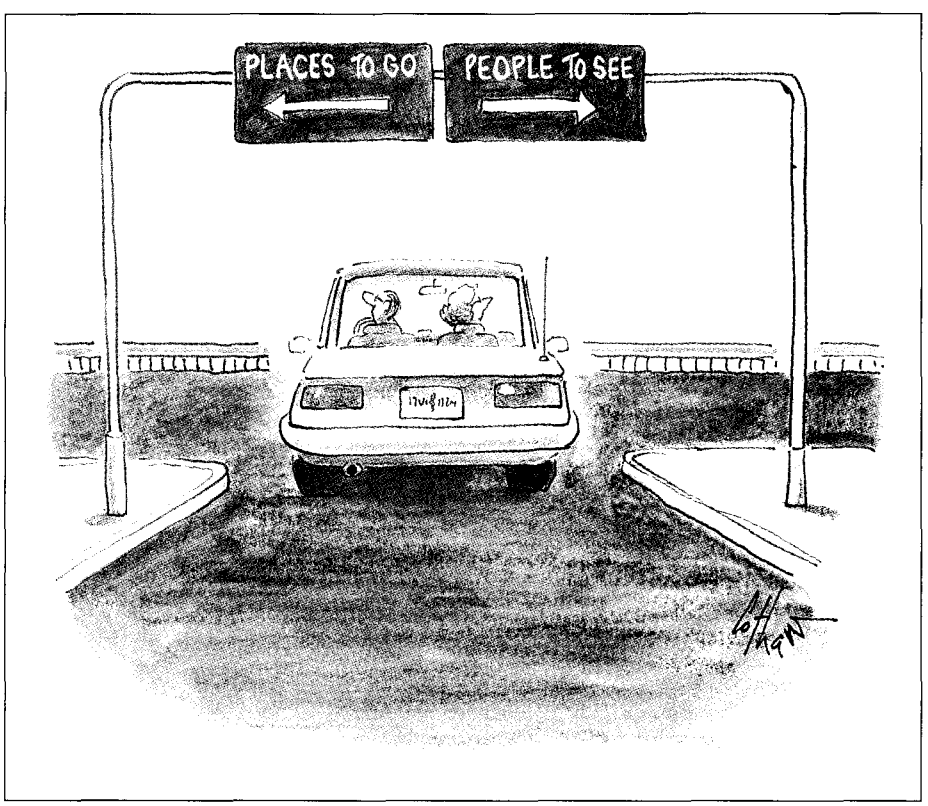
—Susan Holdridge

Metamorphosis

The quickest way to change your
image
is to go from mom to granny.
The metamorphosis that occurs
is truly a feat uncanny.

Things are seen in a different
light
by both grandchild and granny.
What used to be an endless fight
is now just fine and dandy.

—Marion Mackel Wilson



Oh, the Pane!

I put off washing windows;
It's a chore I always shirk.
I just cannot get motivated
To do such paneful work.

—Raymond Bottom

"Growing" Concerns

I'm growing fonder of my chair,
I'm growing thinner in my hair.
I'm growing creaky in my bones,
I'm growing raspy in my tones.
I'm growing weary of my
friends,
Can't burn the candle at both
ends.
I used to talk about theatrics,
Now it's all about geriatrics.
I'm growing other things
untold,
But I'm NOT growing old!

—Wilma Kellogg

Problematic Playtime

A salesman playing hooky from work went golfing and scored a hole in one. In the clubhouse, he was embellishing the feat with the local sportswriter. Realizing his boss might read the article and fire him, he concluded the interview with a wishful plea: "It's OK to write about the hole in one. But would you please say I did it tomorrow?"

—James Fosbrink

Youth and Truth

I know I'm keeping myself young.
Why else do folks tell me to grow up?

—Gil Stern

Dreamboat Vacation

Sighed the woman,
"The vacation I would choose
Would be a vacation
On a *Tom* Cruise!"

—Shelby Friedman

Summertime Blues

You fondly remember
the snows of December
when weeds are fast blooming
and your lawn needs grooming!

—Ruth E. McDaniel

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Driven to Seclusion

Annette had her learner's permit and was practicing her driving.

"I let Annette drive when we went downtown," her father said. "She handles the car well enough. She went around the long way on small streets. I was astonished that she was afraid to drive the car in the traffic on Main Street."

"She's not afraid of the traffic," her mother said. "She's afraid some of her friends would see her driving the old station wagon."

—James Porter

The Computer Says It's a Word

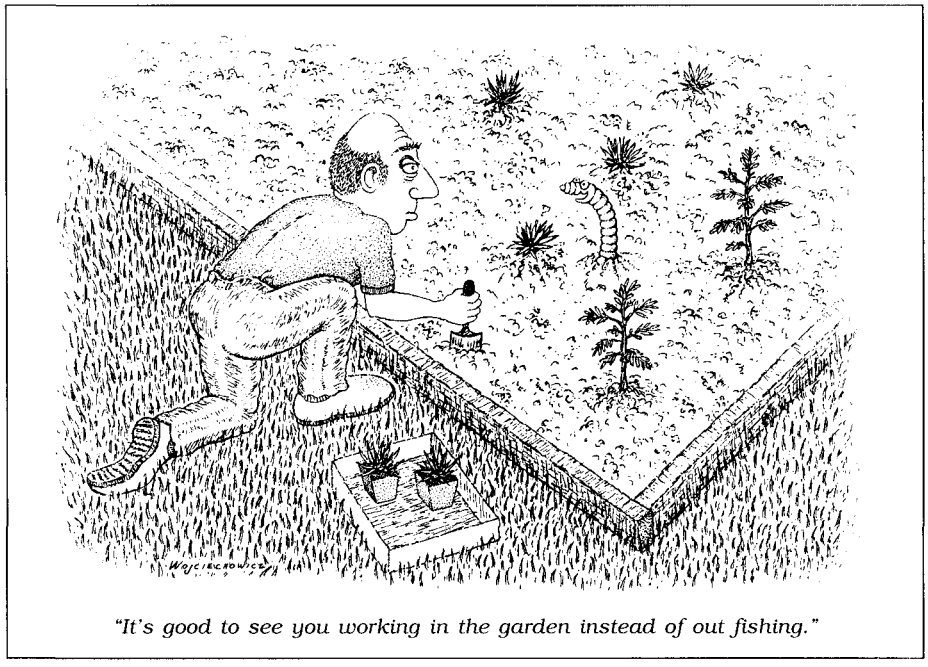
Don't count on computers
To spell "rite" for you—
Your "job" may be "joy"
And "through" can get "threw."
A "role" becomes "roll"
And "bend" may be "bent,"
While "sent" for "cent"
Can cause quite a scent.

—Marj Lefler

The Best for Last

I enjoyed my youthful salad days,
But now I must assert
That as I'm growing older,
I look forward to dessert.

—Anne Goldman



"It's good to see you working in the garden instead of out fishing."

How Do You Know That?

One of life's most pleasant moments is when your children get to the age where you don't have to pretend you know everything.

—Carolyn Stewart

Home Economics

Home is where the lawn grows fast,
Pencils hide and toys don't last.
Home is where we pile the bills,
Talk to plants and cope with spills.
It's where the kids escape from view
The moment Mom has work to do!

—Jean B. Boyce

Facing Life Head On

Forget the mistakes of your past,
See the future as come-what-may.
You can find problems to bother your head
When you face up to those of the day.

—Bessie James Megee

We Just Can't Quite Budget

A balanced checkbook
Seems cause for jubilation,
But living within a budget
Won't permit such celebration.

—James Kemm

What's the Buzz?

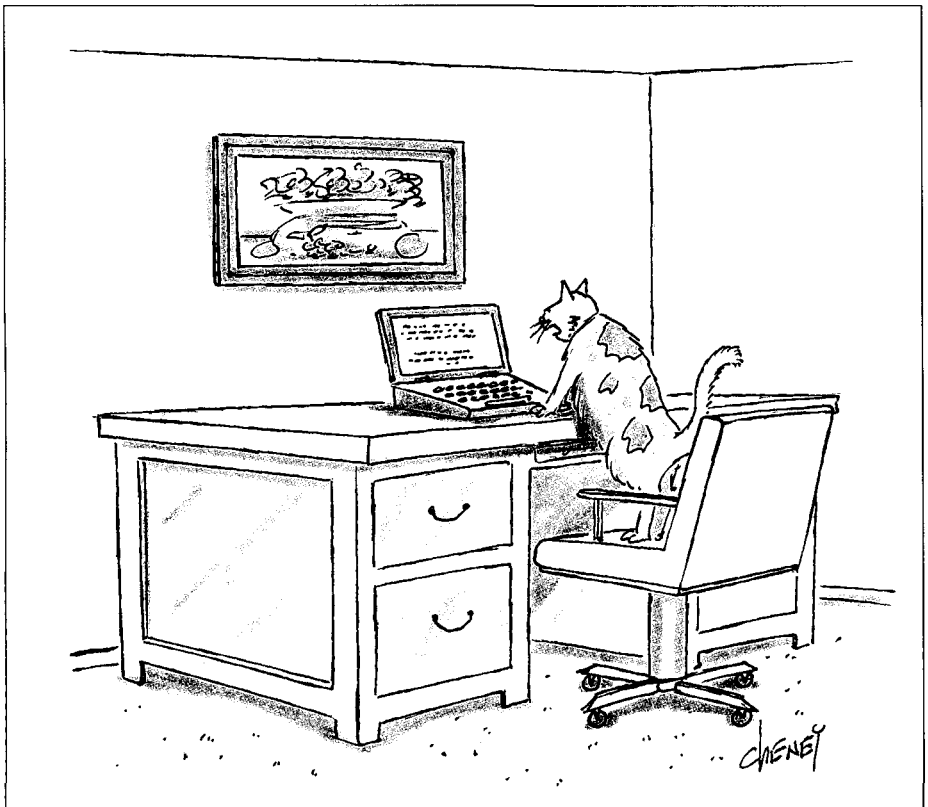
Concerning the summer and holes in the screens:
There's something I wonder about.
Why is it that if flies know the screens are the means
To get in, they can't find their way out?

—T. F. Smith

It Really Is a Dog's Life

My third-grade son amazes me,
I'm constantly in a fog;
He says he's too old to kiss his Mom,
But he stops to kiss his dog.

—Olga McCoy



"Let's get one thing straight, Buster. . . I'm the laptop around here!"

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DICK CLARK'S ROLE AFTER ROCK

In a business dominated by the young, this 65-year-old smoothie stays on top of the competition by watching his weight, curbing his tongue, and keeping two jumps ahead of the trends.

by Holly G. Miller

A funny thing happened to Dick Clark on the way to work one day. His 40-year career in show business flashed before his eyes as he hurried from the tailor shop to the shoeshine stand to a power lunch at the Marriott Hotel.

In New York to produce a TV special, Clark was dashing from meeting to meeting, dodging traffic, running errands, and trying to adhere to the tight schedule arranged by Kari, his wife of 18 years. Suddenly, a long H-O-N-K at an intersection nabbed his attention. "Hey, Dickie Baby! Still spinnin' those great old platters?" hollered a cabbie, leaning out the window of his taxi. A block later, he sliced through a line of school kids waiting to enter a museum. "Aren't you the 'Bloopers' guy?" asked one of the teens in amazement. Around the corner, a construction worker lifted his coffee cup in recognition. "Lemme guess; I won the magazine sweepstakes, and you're gonna give me a check for $10 million!"

No wonder he calls trips to New York City "adventures." Unlike conducting business in the cool isolation of his office, car, and home on the West Coast, here he hustles on foot from one appointment to the next and bumps into his past at every turn. The memories vary according to the ages of the fans. Some recall learning to jitterbug by holding onto doorknobs and dancing to the hits he spun on "American Bandstand"; others remember guessing answers on "The $25,000 Pyramid," laughing at "TV's Bloopers & Practical Jokes," or counting down the minutes till midnight on his annual "New Year's Rockin' Eve." Old-timers connect him with the products he's pitched: beer, pots and pans, vacuum sweepers, and acne cream. More recently, he's been a spokesman for a publisher's sweepstakes along with his old pal and former next-door neighbor, Ed McMahon.

When Clark posed for this publicity photograph in July 1956, he had no idea "American Bandstand" would become the longest-running variety show in the history of television. It finally left the air in 1989.

"Most people don't hang around in the public eye, especially on television, for 40 years," he admits. "I guess I've raised a lot of different generations."

Spicy and outspoken off camera, Clark is all vanilla when he has a microphone in his hand. A master of pleasantries, he's built a phenomenal career on being cordial. He insists he's not a performer—OK, maybe a *personality*—and you won't catch him singing, dancing, telling off-color jokes, or lobbying for causes and candidates on the air.

"I'm very opinionated, but I'm also very disciplined," he says. "I think it's a mistake for artists to use the stage as a platform for their views. I don't deny them the right to do so, but I don't think they're qualified." He offers an outrageous example as an illustration: "I don't want some juggler to invite me to a performance and then, in the middle of his act, have him say, 'And don't forget to pull lever B on Election Day!' "

Inoffensive patter may be his forté, but Clark doesn't duck controversy. A year after taking over "Bandstand" in 1956, he insisted that the dance floor be open to African-American kids. He issued no fiery statement about equality, but quietly made sure that young black students were well represented in the studio audience. The integration was so painless that, soon, blacks and whites were doing the twist and the

As business partners and happily married couple, Dick and Kari claim they are together "24 hours a day, seven days a week." Clark's three children are adults now—he's still not a grandfather—and so "the family" consists of four pampered pooches.

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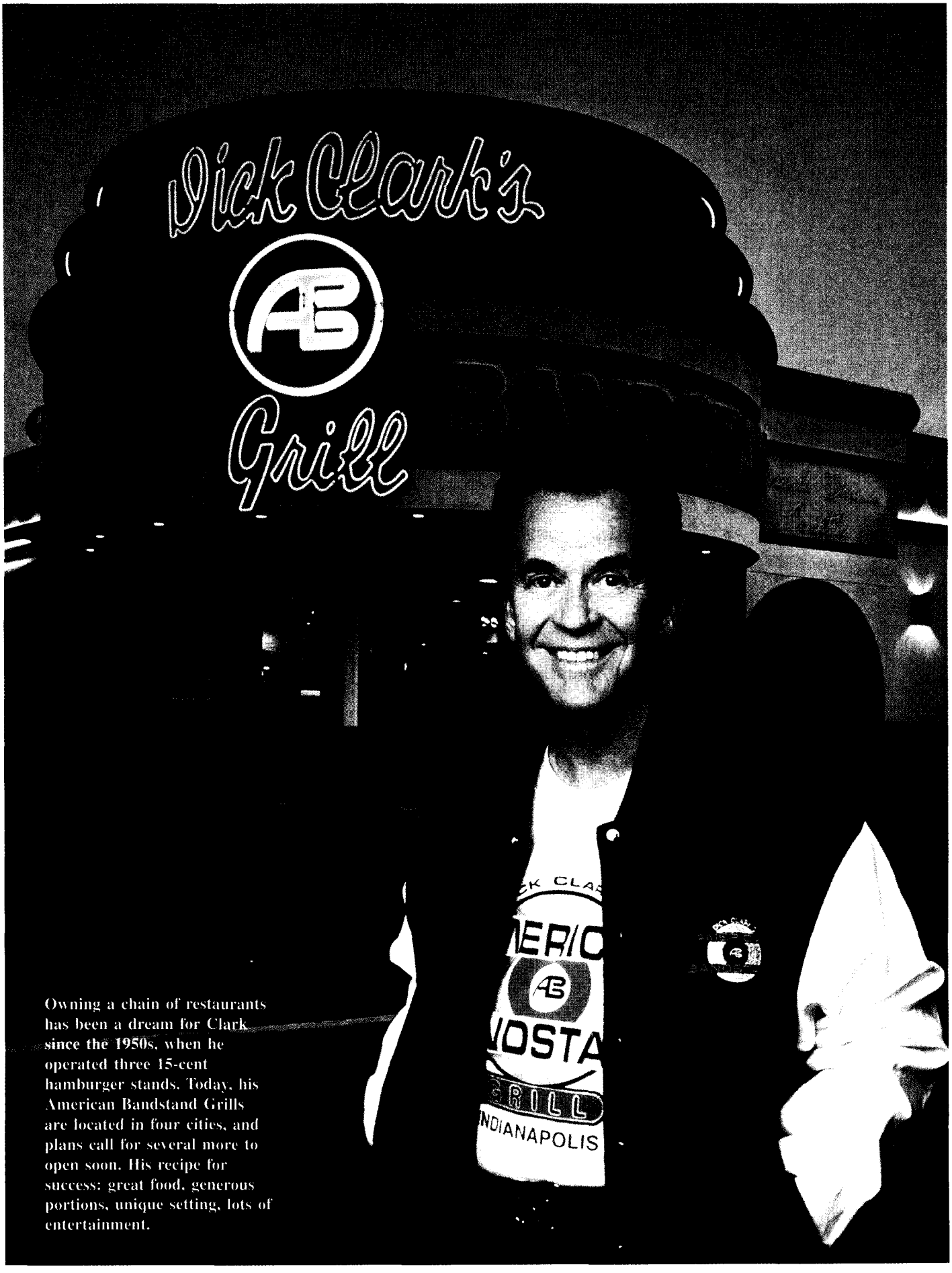

Owning a chain of restaurants has been a dream for Clark since the 1950s, when he operated three 15-cent hamburger stands. Today, his American Bandstand Grills are located in four cities, and plans call for several more to open soon. His recipe for success: great food, generous portions, unique setting, lots of entertainment.

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"O.K.," I said. I put my hands in my pockets, lifting my pants high above my shoes. "Come on."

A QUARTER'S WORTH OF FIREWORKS

Pa had made up his mind: No money for firecrackers!
But I had a chance at some easy money. . .

by Norman Katkov

Illustrated by Larry Kritcher

In those days in our house we each got a dime for the Fourth of July: a nickel for ice cream and a nickel for the afternoon movie on Concord Street: Tom Mix in one feature and Hoot Gibson in the other. Louie would have his dime in his back pocket because there wasn't room for anything more in the front pocket. Joey, the baby, would have ten pennies in his handkerchief in his fist because he liked money. I, Danny, the eldest, would have mine in my stash pocket as I walked between them, holding a hand of each, because that was orders from pa. We were the three Lombardi kids from Colorado Street whose ma sewed for money and whose pa worked in the Great Northern yards, walking back and forth every day to save trolley fare.

In those days everything was orders in our house. It was orders to go to the movies to celebrate the Fourth of July. It was orders to come straight home, with me responsible. It was orders to cross the street before coming to the house with the high black fence where Harry Connery's mother lived. They said he had something to do with moonshine. They said he was bad. When he came to visit his mother, the men from Colorado Street would stand on the corner and guess how much his long touring car cost.

For me it was also orders to keep clear of the bluff where the other guys were shooting off the Minnesota Salutes: three- and five-inch firecrackers as big around as a penny. They were against the law to sell in the city limits, so the guys bought them up on Dodd Road in Dakota County.

Everything was an order from pa, who called us into the living room that one night before the Fourth, the evening paper spread on the couch and the citizenship certificates, his and ma's, hanging on the wall above his head in the double frame she had bought on Robert Street.

He sat like a kid—I can see him

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yet, with one leg under him. We could hear the money in his fist as he smiled at us.

"Dan, how you feel, eh?" he asked, as though we hadn't been eating supper together in the kitchen half an hour ago.

"I feel fine, pa," I said, because you had to do it this way, like he had done for his pa in Sicily.

Pa said, "Louie, everything O.K. with you?"

"Sure, pa," Louie said, and I had the idea then. As I heard the coins, I thought of it. My heart caught so that for an instant it hurt when I breathed.

I watched pa, who said, "Hey, you, Joey," as I stood there feeling all the danger of what I was going to say before I even knew if I was going to say it. I waited, biting my lip for guts as pa pulled Joey forward, bending to kiss the uncombed black hair. "How is my baby?" he asked. Joey nodded, waiting patiently for his due.

"All right," pa said. "So. Tomorrow is Fourth of July. Larry Ho says please make safe-and-sane holiday. Newspaper says all should be careful."

Larry Ho was the nickname of our mayor, whom pa had never seen, but never called anything else because he had voted for the man.

"Movies is safe and sane," pa said. "Movies, and for each ice cream and, later, when night comes, sparklers."

Sparklers again!

Sitting on the front-porch steps below ma and pa, as I had last year, watching the sparklers he had stuck in the ground, waiting for them to burn out, so I could go up to the corner where the guys were. I almost said it then, because I had said it three times to myself, but only stood quiet as pa counted pennies aloud, dropping each one into Joey's cupped hands.

When pa got to ten, he said, "Louie," and handed over a dime.

"Thanks," Louie said, as pa looked up at me. He smiled at me and I saw the dime in his hand.

He said, "Danny," and I couldn't hold it back.

"No," I said, instead of the speech I had repeated to myself three times.

"Take your dime," pa said. He hadn't even heard me. "For movies tomorrow."

"No," I said. He heard me that time. "I don't want——"

"Take, mister," pa said.

"I don't want a dime," I announced, stepping back from the couch. "I don't want to go to the movies," I said. "I don't want to watch sparklers. I want a quarter."

"A quarter?" he repeated, moving on the couch so both legs were swung over the side now, the stockinged feet touching the floor. "Why a quarter?" he asked. "You tell me, please," he said.

"Why a quarter?"

I could feel my fingernails all the way into my palms, but I said it. "Minnesota Salutes," I said. "I want to buy two packs like the rest of the——"

"——guys in block," pa finished for me. "And if they smoke, mister? Then will you smoke? And if they will hitch a ride to a truck to go——"

I grabbed the dime and threw with all my might, and then I ran. I banged the swinging door into the kitchen so that the dishes rattled, but I kept going.

"Peter," ma said, but he didn't even look up at her.

"——downtown and be bums on the streets?"

"I'm no bum," I said. I was in it now, I guess, talking to him as I had never talked to him before. "I don't smoke," I continued. "You know that. Do you think I smoke?" I demanded, and he reached out on the couch for the newspaper.

"You heard Larry Ho of this safe-and-sane holiday," he declared. "You know of this terrible burn and explosion from big firecrackers, eh? You know I like if you take Louie and Joey to the movies?"

"How about what I like?" I asked.

"Daniel," ma said.

I turned my head, but she said no with her lips.

"Here, you," pa said. He was holding the dime out. I turned to ma again, but she said no again without saying anything, and then I didn't care.

I grabbed the dime and threw with all my might, and then I ran. I banged the swinging door into the kitchen so that it slammed the sink, and the dishes in the dryer rattled, but I kept going, down the back steps, over our yard, through Morgan's yard and Dwyer's yard. When I reached the sidewalk I turned right, and slowed down a little.

Robert Street was a shopping street. A shopping street was trouble where pa was concerned, so it was against orders. He didn't want his kids there. I was never going back home, so I didn't care. Five minutes later I was on it, with all the lights in the world burning at once, and enough people to fill the ball park just walking along.

I walked with them, my hands in my pockets and wondering where I would sleep. I wondered where I would eat and what kind of a job I should look for. I wondered if pa and ma would go to the cops. There was a cop on the corner ahead of me. Behind him, leaning against the windows of a fruit-and-vegetable store, I saw Sid Glotter and Gutless Wonder, whose real name was Tommy Richards. I turned quick, taking big steps to the curb. I was waiting for the traffic light to change when I heard Sid.

"Hey, Dan!" he said. "Get home before I tell your old man."

I walked back slow, wanting to see Sid's nose splattered over his face, my hands loose at my sides and the fingers curled just a little.

"Tell him," I said.

Sid sneered at me. "Does he know you're out, baby boy?"

"Yeh," Gutless put in, "ain't mamma gonna spank when mamma gets you home?"

I wasn't afraid of him. I looked right at him. "What's it to you, Gutless?" I asked. "What business is it of yours?"

Sid put his hand on my arm. "Take it easy, Dan," he said.

I pushed his hand off me. "Just mind your business," I said. I was mad and I was afraid. I had seen Sid give it to Joe Grabowski, and Joe was bigger too. But I couldn't back away. Gutless Wonder would never let me forget it.

"Beat it," Gutless said. "Go on, beat it."

"When I'm ready," I said. By busting in, Gutless had stopped anything happening between Sid and me. I could get away now, but I had to wait a minute, so it wouldn't look like they were chasing me. I opened my belt and pulled it tight, looking down to get it right, taking as much time as a pitcher.

"I'll see you guys," I said, and felt Sid's hand on my arm again.

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"Where you headed for, Dan?" he said.

"To get some Minnesota Salutes," I told him. I moved his hand off me, turning away from them, my hands in my pockets lifting my pants high off my shoes, swearing at myself for saying what I did. I don't know why I said it. Tomorrow they would be waiting on the bluff. I'd be the bum of the street.

I crossed with the light, walking with my head down. I'd never been so alone in my life. I guess I'd never really felt hopeless. I would just have to keep going and hitch a ride on a truck. I headed out toward the Flats, where Robert Street ended and the highway began. I was down hear the license-plate factory when they caught up with me. They ran around in front of me, walking backward.

"There ain't no Salutes out here," Sid said. "There's nothing but potato farms out here. You ain't got money, Dan."

"I'll get it," I said. "I'll get it." Why had I stopped to talk with them in the first place?

"Where?" Sid asked.

"Don't worry."

"Where?"

"Don't worry!"

That's when Sid stopped walking backward. He stopped —boom, like that—putting his hands against my chest and pushing. "I know where," he said. He was pushing backward, not hard, but the way a friend pushes. Now I was walking backward while they were going forward until we were all in the dark, against the wall of the license-plate factory. "Do you want to know where?" Sid asked.

"Maybe," I said.

He put his face right up to mine. "Harry Connery's mother is where," he said, and I shivered.

I felt it cold all across my back. I felt it hurt in my chest. "You're crazy," I whispered.

"Unh-uh," he said. He shook his head real slow. "I'm smart, Dan."

"Yeh," Tommy said, giggling. He was nervous. I could tell he was nervous. "Yeh, Sid's smart," Gutless said.

"Ah, you shut up," Sid said. He looked at me again. "There's a tree in the alley behind Harry Connery's house," he whispered. "We go up the tree, swing out over the fence, drop down into the yard. We got three empty bags here. We fill them full of tomatoes out of old lady Connery's garden. We take them up on Robert Street to the fruit-and-vegetable store. We get a quarter a box. We send Gutless Wonder up on Dodd Road. He comes back with two packs each of Minnesota Salutes."

"You're crazy," I said. "What about Harry Connery?"

"He's not there," Sid assured me.

"How do you know there's tomatoes?" I asked.

"Quit stalling," Sid said. "I need somebody to——"

"I got to be home," I said.

"——come into the yard with me. Gutless Wonder will stand watch outside. That's the most you can expect from Gutless Wonder. What are you, Dan, another one?"

"You've done something different with your hair, haven't you, Alice?"

"I got to be——"

"Gutless," Sid said, and took his hands from my chest. "I knew it." He started walking toward the lighted end of Robert Street. I ran ahead of him and turned. I said, "I never stole before. Nothing."

"This ain't stealing, for Pete's sake," he said. "Old lady Connery all alone. Nutty as a hoot owl. What's she going to do with all those tomatoes?"

It was pa's fault. One stinking quarter! He could have done that. He didn't have to order my whole life!

"O.K.," I said. I put my hands in my pockets, lifting my pants high above my shoes. "Come on."

"Yeh, that's the stuff," Gutless said. He started to come up beside me. Sid didn't even look. He just reached over and pushed Gutless. "Behind us," he said. "You can't walk with the men."

That was all he or any of us said until we were in the alley behind the block old lady Connery lived in.

There he whispered, "Give me the bags, Gutless." He got the bags. "We'll fill 'em together, Dan. We'll stack 'em against the tree. I'll go up. You hand 'em to me. I'll go over with 'em, one at a time. Gutless will run 'em up here." He pointed at the grassy slope behind Eli Watkins' house. "When you hand me the third bag, follow me out. O.K.?"

I wanted to say no, but I nodded. I was in it, nodding at Sid Glotter, whom I didn't even like. Whom I was afraid of, really.

I can never remember all of it. I remember going up in the tree. I don't remember coming down into the garden. I can remember the ground smell still, and on a clear summer night, wherever I am, I can still see the tomato vines in the moonlight, yet I can't remember picking the tomatoes. I can't remember filling the bags, or carrying the bags, or handing the bags up to Sid, but I remember the tree groaning with his weight. I remember Sid leaning forward for the third bag, and will I ever forget the terrifying moment when the branch broke?

Will I ever forget the feeling of desperate doom falling upon us as Sid dropped to the ground and the bag slipped out of my hands? Will I ever forget—can I forget—the panic as the light blazed suddenly in the house and we heard her hobbling across the bare floor of the sleeping porch upstairs?

"Sid?" I said. I couldn't find him. I tried to whisper. "Sid, are you all right? Where are you, Sid?"

"Shut up and come on," he whispered. "Come on," he whispered, reaching for a branch, swinging with his legs free like a man on a trapeze.

For a crazy second I was paralyzed until another light flashed on in the house, and a third. I jumped and grabbed and was kicked in the ribs as Sid struggled upward. I saw the lights going on in the house and twisted like a monkey from side to side, moving up, up, up until I was even with the fence, reaching, holding, climbing

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higher than the fence and then pushing away from the tree with all my might, falling over and down.

Over the fence with palms out into the dry, rocky, hard-as-cement alley, feeling the rocks cut, feeling my pants rip at the knees, feeling my ribs hurt, crawling forward as I moved, even while I tried to straighten up, like a sprinter after the starting gun sounds.

I passed Sid. I was running with all my might, but I couldn't pass Gutless, who was waiting for us when we got to the grass behind Eli Watkins' house.

"Get the two bags," Sid said, but he was through bossing me. He took one. I got Gutless Wonder by the shoulder, shoving him so he almost fell.

"Go on," I said. I was shaking. I was sick from what had happened. "Go on, Gutless. Running Gutless. Worrying about yourself. Go on, take——"

"Watch yourself, Dan," Sid said.

"And you," I said, turning to him. "Thief," I called him. "What are you going to do, thief? I'm a thief, so what do you think you'll do? Come on, then," I said. "Come on," as Gutless backed off, cradling his bag of tomatoes.

"I'll see you later," Sid warned me.

"Now," I said. "Now if you want it, or tomorrow, or whenever you think you're big enough." I was ready. I didn't care if he beat me up. I just wanted to be clean of him. He made me sick, and what I had done made me more sick.

"O.K.," Sid said. He was hurrying off, carrying the tomatoes. "O.K., Dan, I'll remember."

I watched them go. Then I turned toward home.

Don't you see? It was like I wanted a licking. I wanted pa to beat me up. It would be kind of payment for what I did.

He didn't even say hello. He looked at me over the rim of the glass of soda water he was drinking, sitting across the kitchen table from ma. I got one look before he went back to the newspaper.

"Good morning," ma said. I saw it was five minutes to ten.

"Hi," I said, starting for my bedroom.

Ma dropped her sewing. "Dan!" she cried. I had forgotten my hands. My hands, my knees, the ripped pants, and the ribs she couldn't see.

"Daniel Lombardi, you hurt!"

"No, I'm not, ma." I was looking at him, but he kept reading the newspaper.

"Hitched a ride by a truck," ma decided, "and fell."

I wanted to tell him then. I wanted him to share it with me, I guess, and take some of the sickness away, but as ma grabbed me my knees hurt so much I almost cried out.

"Look, Peter; from truck," she said.

"I didn't fall off no truck, ma," I said. "We were scaling the fire-barn wall. I fell off."

"Either he's had a rough day at the office, or he's going to be really, really late."

"Peter, look here on Dan," ma said.

He folded the newspaper real slow. He got up. He put the newspaper under his arm. He looked at me. Looked through me. Then he walked out.

"Come on, come on," ma said, pulling me to the sink.

"I'm no baby," I said. "I can wash myself." He had never done anything like that: just walked out when one of us was hurt. While I was washing and ma was bandaging, I waited for him to come into the kitchen. All I heard was the turning of the newspaper pages. When I was finished, when ma had poured me milk and given me three cookies, I said, "Pa never did that."

"What?" She was busy with the needle once more.

"Paid no attention if someone was hurt."

"Pa hurts, too, Dan."

"What are you talking about?" I demanded.

"Hurts here," she said, pressing her heart.

"What if I don't want to go to the movies?" I asked. "Is that so wrong?"

"Wrong for pa," she said. "Dan, you don't know hows pa feel about Fourth of July? Pa feels like go to church on Fourth of July. Pa feels this is the most important day, Independence Day."

I got up, leaving the milk and cookies. I ran into the living room, stopping in front of him. I moved the papers with my hand so he could see me, and I said, "I'm sorry, pa."

"M'm'm'm'm'm," he said.

"I didn't mean it."

"M'm'm'm'm'm'm."

"Pa, please."

"All right, mister. Now maybe I finish this newspaper."

I almost ripped the paper. I almost kicked it like you would punt a football. I wanted to do something, anything, to get rid of all the feelings inside of me, but I could only walk back into the kitchen to dunk my cookies.

"What's the matter with him?" I asked ma.

"He hurts," ma announced again.

"I hurt, too," I said. "Haven't I got feelings?"

Ma smiled, shaking her head. "Someday you be a papa, Danny. Someday you have a oldest son. Oldest son can hurt like nothing can hurt."

"Is that a reason to——"

"Listen, you," ma said. She wasn't sewing now. "Finish milk and go to bedroom."

On my way to bed I went into the living room for a book I didn't want. After I was in my pajamas, I came back and got another book I didn't want, but he didn't even look up. I waited about five minutes and went back.

"Can I have the funnies?" I asked.

Pa went through the paper like each sheet was a thousand dollars. When he gave me the funnies, I said, "Thanks."

"M'm'm'm'm," he said. I went to sleep with that. That's what my pa gave me for good night. Long afterward, when the lights were out in the house, when I could hear the floor boards creaking and I seemed all alone in the world, I got to sleep by telling myself

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GENETICS

SPECIAL REPORT

Perhaps the greatest challenge in the area of human genetics is revolutionizing medical diagnosis, treatment, and prevention. In this issue, we explore ways of using this new information to safeguard personal health and the health of your family.

We begin with a review of Carol Krause's fascinating book, How Healthy Is Your Family Tree? In a personal interview, the author explains how tracing your family's medical history can help you battle the odds of developing an inherited disease. We then turn to journalist Ollie Shuman's masterful account of a hospital genetic counseling service that saved her life.

BOOK REVIEW

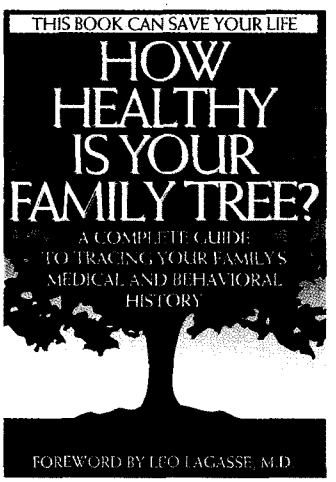
FRUIT FROM THE FAMILY TREE

Uncovering clues in your genetic past could save your life.

How Healthy is your Family Tree? A Complete Guide to Tracing Your Family's Medical and Behavioral History
by Carol Krause
167 pages, Simon & Schuster, $12.00

Don't trace your genealogy back too far, the warning goes, or you might come across a horse thief. Confucius, on the other hand, wrote, "Study the past if you would divine the future." Carol Krause, Emmy Award-winning TV journalist, sides with Confucius.

In her book, *How Healthy is your Family Tree? A Complete Guide to Tracing Your Family's Medical and Behavioral History,* Krause describes not only how genes work to make humans susceptible to certain ailments, but also points a finger at diseases that can be passed from generation to generation. She points out that lurking up there in the branches of your family tree can be anything from cancer, heart disease, and diabetes to obesity and alcoholism. Krause shows us how a behavioral family tree, or "genogram," can be used to trace patterns of emotions, communications, and coping methods over three or more generations. She then points out that knowing behavioral cycles of physical abuse, sexual abuse, or, perhaps, addictions can help family members understand family dynamics so that they can bring the cycle to a stop. She gives us intimate details of her own genetic past and explains how knowing about them spared her life.


THIS BOOK CAN SAVE YOUR LIFE
HOW HEALTHY IS YOUR FAMILY TREE?
A COMPLETE GUIDE TO TRACING YOUR FAMILY'S MEDICAL AND BEHAVIORAL HISTORY
FOREWORD BY LEO LAGASSE, M.D.

Krause reveals how 15 of 21 members of her own family became "dues-paying members of the Krause Cancer Club." Her own admission to the club, via a malignant colon tumor, she describes in these words: "It was an unwelcome snake that slithered down the branches of my family tree. Twenty-five percent of my genes came from a grandfather I never knew—a deadly genetic bequest."

The author's second "jolt," a malignant breast tumor, was caught early, thanks to an annual mammogram. The cancer was discovered, she explains, "because I respected the information on my family tree and took it seriously." She adds, "My sisters and cousins know it is our medical family tree that has given us all a chance to live."

Do we have to live with the genes we are born with? Krause attempts to answer this question. She also discusses gene therapy for cancer, heart disease, and other medical problems. Some facts she presents are amazing: for example, a man can make up to 8 million genetically different sperm; a woman has the potential to produce 8 million genetically different ova. Thus, dad and mom have the capacity to produce 64 *trillion* genetically different offspring!

"I will show you how to look at your family tree in a new and exciting way," she promises. "Once you put your tree together, your life can suddenly make more sense."

How Healthy is Your Family Tree? provides you with your own family tree workbook that explains where to find records and documents and supplies sample letters to access sources of family information. You'll need to find dates, ages, causes of death, types of illnesses, and age at onset, plus information on smoking and drinking habits—all for the primary purpose of

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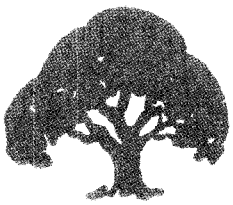
GENETICS



SPECIAL REPORT

GENETIC ROOTS OF FAMILY HEALTH

Searching the family tree for cancer victims can be the best preventive measure when dealing with this disease.

by Cory SerVaas, M.D.

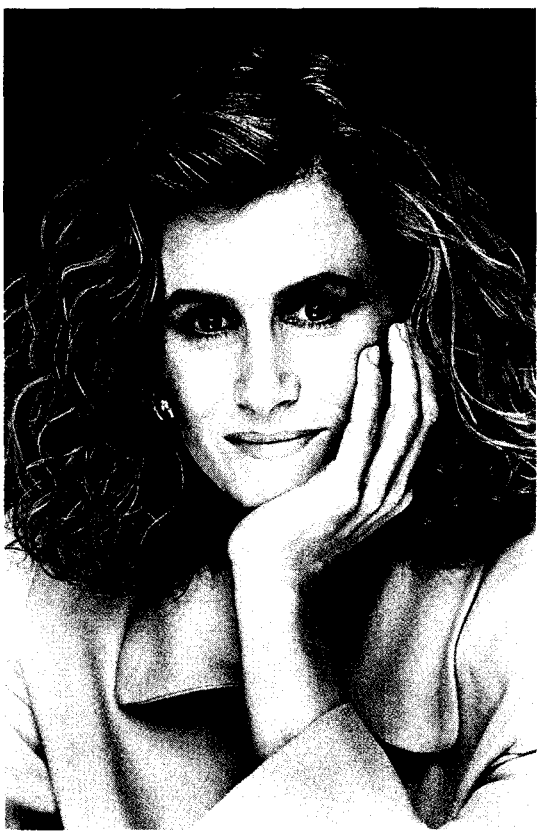
When journalist Carol Krause spoke at a local medical seminar about the link between one's family and inherited disease, we promptly invited her to appear on our "*Saturday Evening Post* Health Show." Krause's account of surviving the threat of cancer that runs rampant in her family tree is a story that everyone ought to hear. Now that the genetic components of many diseases are surfacing, knowing your family's medical history is becoming the key to early diagnosis and treatment. We talked with Carol Krause about her crusade to reeducate others about genetically inherited diseases.

Post: Many of us have had relatives die of cancer or heart disease, but we don't usually associate their deaths with risk to ourselves. How did you discover you were in danger from inherited disease?

CK: Many people in my family over the years have died of cancer. But there were all different kinds of cancer. We just assumed that none of them were related and that it was just a fluke in our family. Of course, for years, nobody really understood that cancer can be inherited. But then, about five years ago, my 38-year-old sister, the youngest of four, was diagnosed with ovarian and endometrial cancer. We were devastated. We assumed cancer meant death. We were also told by her doctor that the rest of us could be at risk because our mother also had ovarian cancer and died from it. That's when we other three sisters began trying to find out what we could about our family's medical history. It took a lot of time and effort.

Post: But what you found out really paid off.

CK: Yes. Based on my family tree, I had a lot of diagnostic work performed. At the time, I didn't have any symptoms, but two early-stage cancers were discovered, one in my colon and one in my breast.



Endangered by her family's disease-riddled genetic past, Carol Krause opted for aggressive cancer therapy and wrote the first-ever survival guide for the genetic revolution.

Post: So you had surgery to remove these early tumors?

CK: Yes. I also had prophylactic surgery, a hysterectomy, because of the ovarian cancer in the family. I never even had to have chemotherapy for any of my cancers. They were caught early, and it's only because I knew my medical family tree.

Post: What a shame that Gilda Radner couldn't have known what you did. She might be with us today.

CK: That's right, but her story helped a lot of people and even educated the medical community. Knowing family history should mean earlier intervention, and Gilda's symptoms were ignored. With two first-degree relatives with ovarian cancer, your chances are 50 percent of having it yourself. Those are odds I don't like very much.

Post: Having a hysterectomy without having symptoms couldn't have been an easy choice for you.

CK: I had already had one child. I was hoping to have another, but my obligation was to lead a full life for my first child, so I had the hysterectomy. Now I'm fine. I feel in control. I don't know what my future health situation will be, but I feel that I've done everything I can do, and so I can rest easily.

Post: Tell us about your book.

CK: This has become a very passionate cause of mine. I know there are lives out there to be saved if people will just look back a couple of generations and do a little legwork; my book helps them do that. It helps them cut through the corners that I had to fight through. It's very simple to do, mainly sending away for death certificates. I tell people how to do that. I even have sample letters in the book and the addresses to send to. Once you get that information, you take it to a specialist in the illness that's most prevalent on your family tree and get an evaluation.

Post: What are the odds of inheriting diseases from your close relatives?

CK: You have 50 percent of the same genes as your first-degree

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relatives. You get 50 percent of your genes from your father and 50 percent from your mother. If they have a genetic disease, you have a 50 percent chance of inheriting it. You get 25 percent of your genes from each grandparent. You also share 50 percent of genes with your siblings—unless, of course, you're an identical twin—and then you share 100 percent of the same genes. People ask me why identical twins don't look 100 percent alike. That's because genes can mutate a little bit in the embryo. But basically, you're sharing 100 percent of the same genes if you're an identical twin.

Post: How about aunts and uncles and great-grandparents?

CK: Aunts and uncles are second-degree relatives. You share 25 percent of the same genes. You share 12½ percent of the genes with your great-grandparents. There's still a chance that a cancer gene could slither down to you, so it's very important to know what diseases they had. It's that simple. And then you can be prepared.

Carol (far right), the only blonde among four Krause sisters, felt a special link with her father, who was also blond. Her colon cancer at age 40 was probably inherited from her grandfather, via her father.

Peggy (far right), the oldest Krause sister, is the only sister to remain cancer free. Kathy and Susan (left) both developed uterine and ovarian tumors, as did their mother and grandmother before them.

Post: We are reminded of Norman Rockwell's *Post* cover, "Family Tree," that traced a young boy's family back to pirates.

CK: My family tree isn't quite as attractive as his, I'm afraid. We have quite a few bad genes in my family tree. But we have some good genes, too—we are survivors. My sisters and I are all still alive and well, even though all three of us have had cancer. We were very healthy going into all this. That's the irony of it. Then cancer hit us at ages 38, 40, and 42. But because of our medical family tree, doctors acted very quickly and very aggressively, and we're all fine now.

Post: You went directly to specialists?

CK: You have to go to specialists. You can't rely on your family doctor to completely evaluate your family tree. A family doctor is a great place to start. Let your family doctor know, but get a referral to a specialist in the disease most prevalent on the family tree.

Post: Are there any major medical centers in the country that specialize in family genetic diseases?

Carol's mother, Constance Fraser, was diagnosed with ovarian cancer at age 54. She died two years later in 1972. Carol's father, Ernest, suffered from melanoma, cancer of the ureter, and prostate cancer.

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CK: If you go with a major university hospital, you'll be in pretty good shape because genetics is studied in most of those hospitals. It's really worth it, even if it means you have to drive four hours to get to one. If you can't get to a major university hospital, then go to a major medical center. Not all major medical centers are connected with a university. I would not rely on a community hospital to be the sole evaluator of your genetic situation. Not all the information has filtered down to that level, although community hospitals are fine places to receive treatment.

Post: In your case, the evidence of hereditary cancer was quite apparent.

CK: Yes. All my aunts and uncles died of cancer—every one of them. Two of my four grandparents and both of my parents died of cancer.

Post: But these were different types of cancer?

CK: Yes. One of the things to remember is that many cancers can be related. This is very important. For example, if you see two or three different kinds of cancers on your family tree, you might not think there's a pattern, but there may be. My family has what's called the Lynch II syndrome: ovarian, uterine, and colon. Those three are definitely related. If you have any one of those cancers in your family, you're at risk for all those cancers. It's not necessarily genetic, but you need to have it evaluated to see if it might be genetic in your case. They are also now linking some pancreatic cancer, melanomas, and possibly kidney and lung cancers to this same syndrome. It's still unclear how many cancers fit into this syndrome, but we have all of those cancers in my family.

Post: Did you have lung cancer in nonsmokers?

CK: Yes. We have one case of that. Obviously, if they've been smokers, it's really hard to tell the genetic situation. In other areas, the genetic connection is obvious. My uncle died when he was 51 from pancreatic cancer. His daughter, my cousin Barbara, got pancreatic cancer when she was 51. Now, that has to be a genetic connection. It's tragic for Barbara, but because doctors knew her medical family history, they were very aggressive in her treatment, and even though pancreatic cancer is a killer, she's alive four years later. They've been able to manage the disease for a period of time, only because they were looking out for it.

Comedienne Gilda Radner's death from avoidable ovarian cancer helped foster a new attitude toward genetic awareness. Having two first-degree relatives with the disease raises a woman's chances of getting ovarian cancer from one in 70 to one in two.

Post: Because cancer metastasizes, in your work, don't you have to trace it to its original site?

CK: Yes. You find out where it began and at what age. The age at onset is far more important than the age of death. The younger the onset, the more likely it is genetic. You think of cancer being a disease of people who are 60 or 70. If you're getting cancer at 40 or 50, it could have a genetic component.

Post: What are some of the best centers for genetic diagnosis?

CK: Columbia Medical School at Columbia University in New York City is a wonderful place to go; Cornell and Memorial Sloan-Kettering Cancer Center in New York City are fabulous. Also, the Indiana University Medical Center in Indianapolis has an umbrella clinic for familial disease that is very user-friendly. It's a place where you can go no matter what kind of cancer you have on your family tree, and they will evaluate it.

Post: But there are other genetic diseases besides cancer.

CK: Yes. Any kind of disease can crop up on your family tree. If it's heart disease, you need to go to a heart institute. Heart disease can sneak up on you. There are genetic elements, and you may not be sure if the disease is genetic. It's harder to evaluate, and that's where the medical family tree is critical.

Post: Genetics is the field of the future.

CK: This is an incredibly exciting field, not only for medical but for behavioral reasons. For a long time, we believed that behavior was just environmental, but now we're beginning to see that there are probably genetic predispositions to all sorts of behavior. We have 100,000 genes in the body, approximately. There is now a worldwide effort by scientific detectives to map what each of those genes does. Some of them impact the way we react to things. They impact our behavior. They now know there's a shyness gene. Some people have a tendency to be shy. Genes give us our strengths, and they also provide us with some of our weaknesses.

The knowledge we gain about genes, I feel very strongly, is good. It will empower us to take good care of ourselves.

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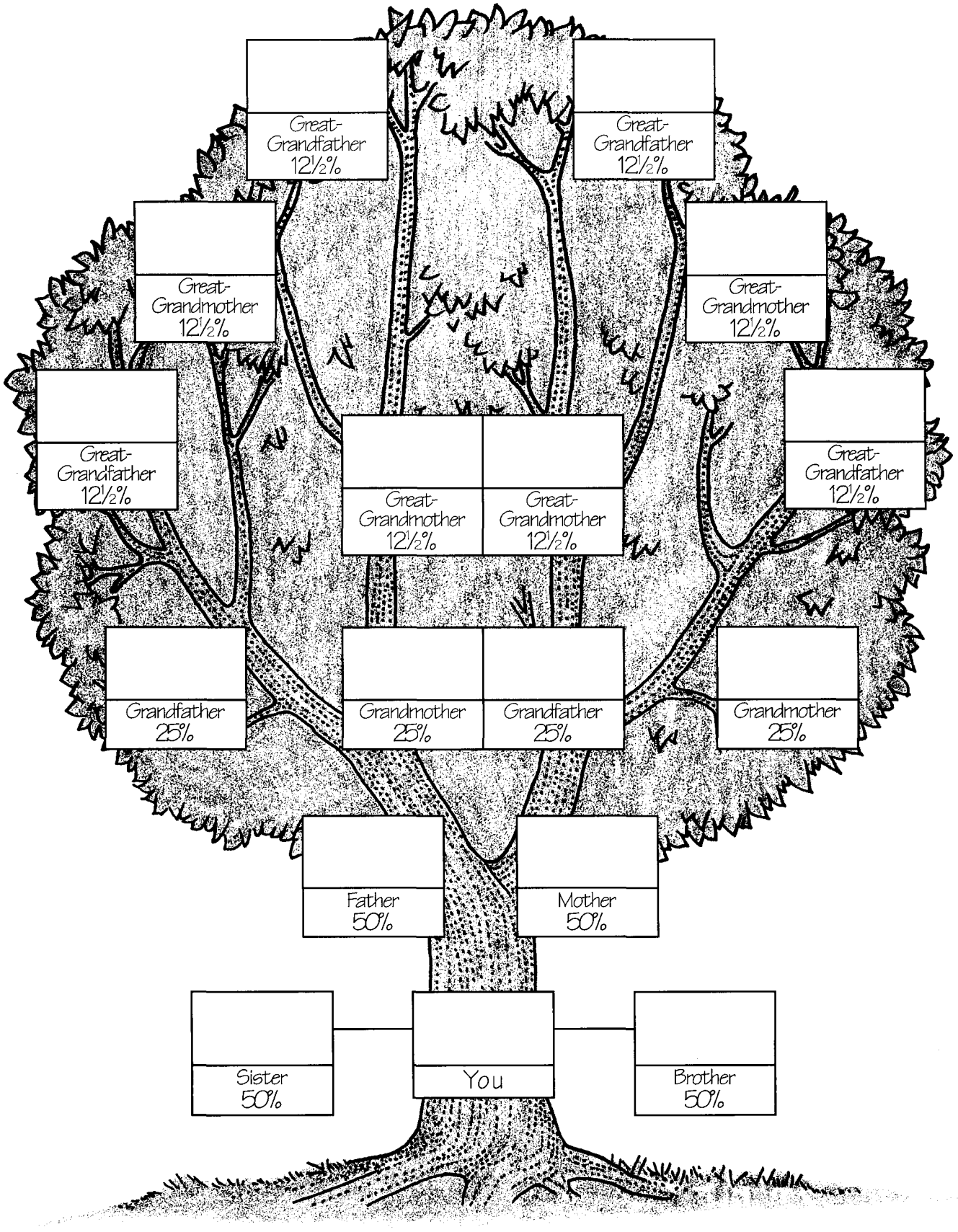
Medical Family Tree



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GENETICS

SPECIAL REPORT

BEATING THE ODDS OF GETTING OVARIAN CANCER

There are many diseases and disasters over which we have absolutely no control, but cancer of the ovaries is not *one of them.*

by Ollie Shuman

Ollie Shuman did not want to gamble on a future clouded by ovarian cancer. She chose the operating table instead, and is glad she did.

If someone whose knowledge and credentials I respected told me I had one chance in two of winning a jackpot in Las Vegas, I'd head straight for that city's casino tables—because I'm a gambler at heart and an optimist by nature. But I'm neither an optimist nor a gambler when it comes to life or death. So when I realized last spring that I could have close to one chance in two of getting ovarian cancer, I decided that my best bet was on the operating table.

So it was there I headed last January to have my ovaries removed and, along with them, my fear of getting the dread disease that fate dealt my mother and older sister.

That fear had been on the back burner of my brain since I first learned in 1986 that my mother's fatal cancer 30 years ago had been ovarian. Until then, I thought it had been "stomach cancer," which is how my father described it in his phone call to break the news of her condition. (Quaint as it may seem to today's generation—which has sex education in school and movies showing practically every functional part of the exterior human body in living, moving color—in the 1950s, males of my father's generation respectfully spoke of any part of a woman's anatomy between the waist and the groin as the "stomach.")

In 1986, the urgent family-news phone call was from my oldest sister, Zoe, in Georgia, who informed me that our sister, Garth, had been diagnosed with ovarian cancer—"the kind Mama had." She was amazed that I was unaware of that. In all the years since our mother's death, during Zoe's and my rare visits together and infrequent phone calls, the *location* of Mama's cancer had never been mentioned. We each assumed the other knew. So with that knowledge added to my awareness that ovarian cancer can be hereditary, my fear jumped to the front burner of my brain, where it remained and many times boiled over during the ensuing 18 months of witnessing Garth's painful decline and death.

At my regular gynecologic checkup thereafter (knowing that my health insurer strongly practices preventive healthcare), I asked if they ever removed women's ovaries to prevent ovarian cancer. I was hesitant to ask, feeling I'd be on record then as a cancer-phobia neurotic.

I was pleasantly surprised to hear, "Oh yes—and in most cases, it can be done now by laparoscopic surgery, which is simpler and requires less convalescent time than the old method. I'll have you talk to one of our genetic counselors to help you decide."

The genetic-counseling session was psychologically supportive, as well as scientifically informative. My counselor, Barbara Ziel, M.S., was currently experiencing the grief and regret of a close friend's terminal stages of ovarian cancer and regarded my anxiety as quite normal, considering my family's cancer history. It was also reassuring to hear that even though nearly one in 70 U.S. women gets ovarian cancer, the kind medically classified "hereditary" is rare. Some researchers report that hereditary ovarian cancer accounts for less than one percent of all ovarian cases; others report a rate of 3 to 5 percent.

Hereditary ovarian cancer refers to a group of cancer syndromes, the signs and symptoms of which occur together and characterize a particular abnormality. They include: (1) site-specific ovarian cancer, (2) breast-ovarian cancer syndrome, and (3)

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ovarian-endometrial-colon cancer syndrome. In other words, the same types of faulty genes keep showing up and become dominant enough to be passed on to the next generation. The hereditary ovarian-cancer groups tend to develop earlier in life with each succeeding generation. The lifetime probability that these genes will result in ovarian cancer can be as high as 50 percent.

For women without a family history of an identifiable syndrome, the risk of ovarian cancer is tied to the number of first- or second-degree relatives who have it. First-degree relatives include mothers, sisters, and daughters; second-degree include aunts and grandmothers. The lifetime risk for a 35-year-old woman with one first-degree relative with ovarian cancer is approximately 5 percent. Having two or three relatives with it puts her risk at approximately 7 percent. I was right in the bracket for it, and the risk increases with age.

The genetic counselor pointed out that I was probably more at risk for breast cancer. One woman in nine can now expect to get it, and it's the number-two cancer killer of women (number one is lung). Still, that's never been high on my list of anxieties, because early detection is possible with regular self-exams and mammograms, and survival statistics are good for those caught early.

Ovarian cancer is more ominous. Gilda Radner's 1989 bestseller, *It's Always Something*, described her desperate battle with this insidious disease. The book has made women—many doctors, too—more alert to the symptoms. Pelvic exams rarely reveal the cancer because the almond-sized glands are tucked deep inside the abdominal cavity and are hard to find and feel. By the time its symptoms—abdominal bloating, indigestion, weight loss, fatigue—merit attention, the cancer has usually spread beyond surgical cure.

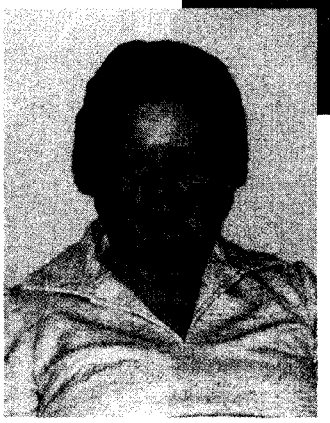
Garth, the stoic in our family, did not seek medical help until her symptoms had coalesced to pain. Surgery revealed her cancer had seeded throughout her abdomen.

Improved screening techniques are promising. An exciting genetic breakthrough was announced last year regarding breast cancer. This breakthrough could have ramifications for ovarian cancer as well. Medical researchers who have labored for years to pinpoint genes among the body's 100,000 that cause hereditary breast cancer now have located at least two. The difficulty of the search was compared to that of having to comb every state, county, city, and town in the country to find one burned-out light bulb, then finally discovering at least what town it's in. A house-by-house, room-by-room search then must follow. After identification of the gene, a simple DNA test will determine whether a woman carries it.

New, more effective drug therapies are emerging to combat recurrence of ovarian cancer after surgery, but the grim prognosis prevails. Ovarian cancer kills six of ten unfortunate women who get it—most of them within 18 months to two years.

I left my genetic counselor's office with some "homework": a medical history questionnaire to complete on my immediate family and ancestors as far back as I could trace—three or four generations past, if possible.

It wasn't possible. The only limbs of my family tree that I could shake down were bare beyond my grandparents. No record existed, and no one was around to ask. My paternal grandmother died of cancer, type unknown.



A mammogram and a mastectomy four years ago saved Ollie's oldest sister, Zoe (above), from breast cancer. Her other sister, Garth (left), died 18 months after being diagnosed with ovarian cancer in 1986.

Ollie's paternal grandmother, Mary Ellen (above), died from an unnamed form of cancer. Her mother, Pauline (right), succumbed to ovarian cancer. Doctors assessed Ollie's risk for ovarian cancer at somewhere between 7 and 45 percent.

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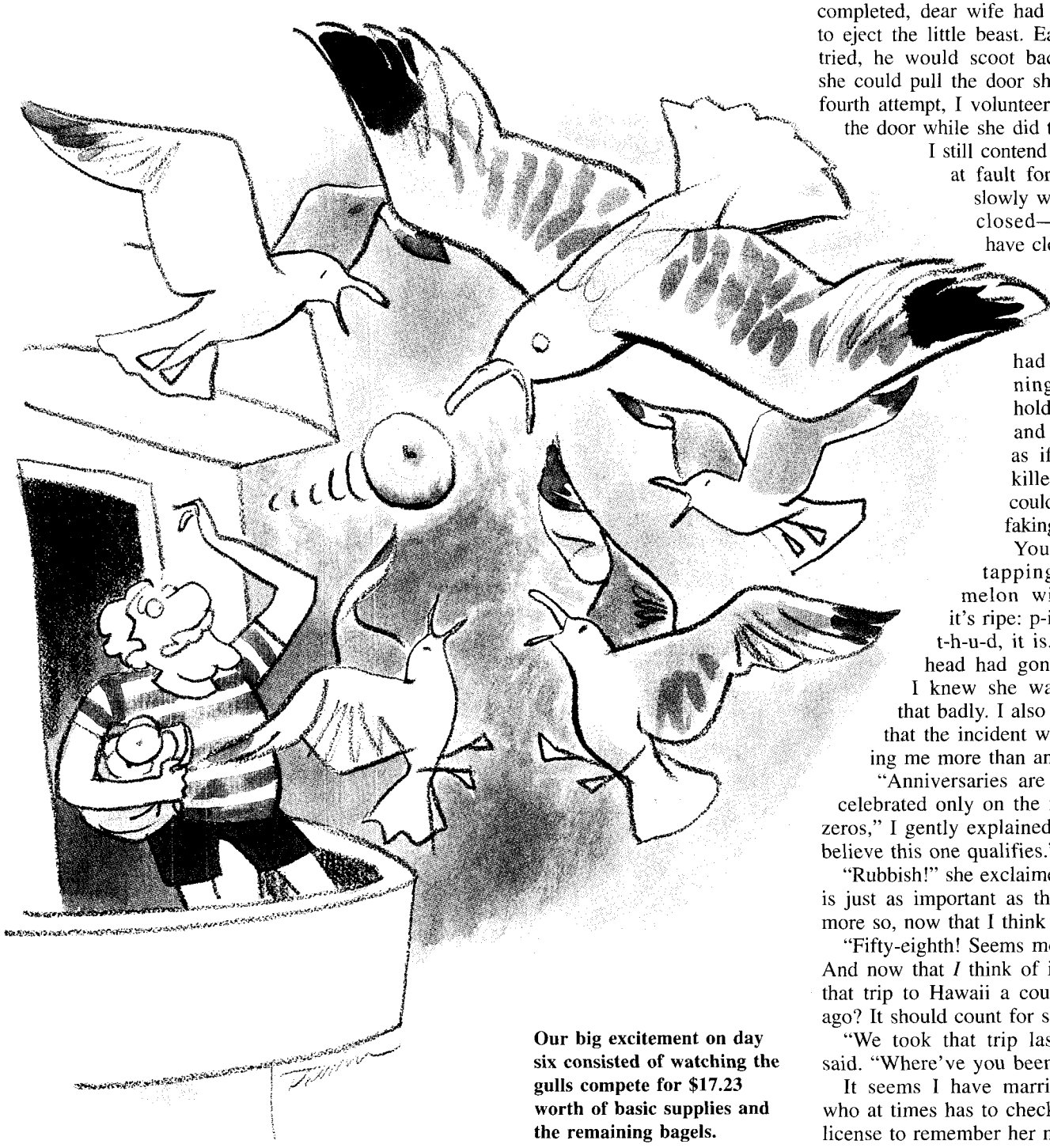
HAPPY 58th

He offered dinner and a movie; she countered with a trip to the beach. She *got her way by using her head.*

by Maynard Good Stoddard

Illustrated by Don Trawin



Our big excitement on day six consisted of watching the gulls compete for $17.23 worth of basic supplies and the remaining bagels.

The main reason why my dear wife and I didn't celebrate our last (make that latest) wedding anniversary separately had to do with her getting her head shut in the patio door.

The way it happened, she had unwisely invited the neighbor's nondescript pup to come inside for the purpose of tongue-mopping the kitchen floor around the cats' dish. The task completed, dear wife had been unable to eject the little beast. Each time she tried, he would scoot back in before she could pull the door shut. After the fourth attempt, I volunteered to handle the door while she did the ejecting.

I still contend that she was at fault for reacting so slowly when the door closed—or would have closed, had her head not been in the way. She, of course, had to go running around holding her ears and making out as if I had half-killed her. But I could tell she was faking.

You know how tapping a watermelon will reveal if it's ripe: p-i-n-g, it isn't; t-h-u-d, it is. Dear wife's head had gone p-i-n-g, so I knew she wasn't hurt all that badly. I also had a feeling that the incident would be costing me more than an apology.

"Anniversaries are meant to be celebrated only on the fives and the zeros," I gently explained. "So I don't believe this one qualifies."

"Rubbish!" she exclaimed. "The 58th is just as important as the 50th. Even more so, now that I think of it."

"Fifty-eighth! Seems more like 59th. And now that *I* think of it, how about that trip to Hawaii a couple of weeks ago? It should count for something."

"We took that trip last June," she said. "Where've you been?"

It seems I have married a woman who at times has to check her driver's license to remember her name, but can reel off to the day the last time hubby

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brought her flowers, complimented her cooking, or took her anywhere. Yet she has no compunction about buying a size "S" jacket at a yard sale in March and calling it my birthday gift. No matter that my birthday occurs in July. Or that I wear a size "L."

"How about our cruise to Nova Scotia?" I persisted. "We could count that . . ."

"We took that cruise in August of '93, for heaven's sake!" (See what I mean?)

"OK, OK. We'll dine at Ryan's Steak House instead of Hardee's and then take in a movie. How does that grab you?"

Releasing one ear, she used the shifty little hand to spread a colorful broadside across the kitchen table. "What I had in mind was more like ten days at this ocean-front efficiency in Myrtle Beach."

With a sickening feeling of resignation, I gazed down at photos of sand, surf, and sunshine, all adorned with lovely young maidens clad in little more than their suntanned epidermises. Or epidermi. Or whatever. The clincher was a shot of the "efficiency" that would allow us to eat "in" instead of "out," thus saving at least half the cost of such a fling. And with the senior citizen discount, it might actually be cheaper than staying home. It says here.

To reach Myrtle Beach from Freedom, you have only to drive to Columbia, South Carolina, and make a hard left. Upon arriving at the ocean, stop; you are there. Where the efficiency might be is not this simple.

"It's on Ocean Boulevard," my life's companion explains, opening the broadside and the following discussion.

"And how do we find Ocean Boulevard?"

"I'm taking a wild guess that it runs parallel to the ocean," she quipped.

"Are we on it now?"

"I wouldn't know."

"Is it too much to ask if you'd look at some street signs? . . ."

"Yes, we're on it."

"Are we headed in the right direction?"

"We're supposed to be going north—2800 North Ocean Blvd."

"Well, are we headed north?"

"I haven't the foggiest."

"Could you possibly check the house numbers to see if they go up or down?"

"They're all business places."

"And they don't have numbers?"

"I don't see any. Besides, it's getting dark. I'm not a cat, you know."

Stifling an instinctive answer, I drive until she finally breaks the chilly silence by announcing, "You might be interested in the fact that we are no longer on Ocean Boulevard."

"Not on! . . . For Pete's sake, how could you have gotten us off?"

"Me! You were the one who went straight on when the street branched. You obviously should have branched."

To cement our relationship further, I scoured the mall for an appropriate gift. I knew it had to be something beyond gold and short—very short—of diamond.

"Do you happen to recall which way it branched?"

"Toward the ocean, naturally. So I suggest you might try turning right at the next street."

So I try turning right at the next street . . . and hit a dead end.

"The next street, eh?"

"I meant the next through street, of course, not a cul-de-sac. You've turned onto a cul-de-sac."

"I know it's a cul-de-sac. I can't tell a dead-end street from a through street without your help."

"You don't seem to."

"I should have gone to Ryan's and a movie."

"It's not too late. Just drop me off and when I get home, we can exchange photos of our celebrations."

Tongue- and body-weary, we found our destination at 10:45 p.m. After lugging wife's four pieces of luggage up to the immaculate ocean-front efficiency, I walked out onto the balcony. One look at moonlight shimmering on the Atlantic and one listen to the white-maned surf racing along the beach, and I knew I had lost another one. On the way back to the car for my single suitcase, I stopped to check out the kitchen-dining area where dear wife would be throwing up (make that preparing) our money-saving meals.

There would be no "efficiency" eating the first day, of course, as that day was the Biggie, number 58. We brunched at the eating arena in Myrtle Square Mall only a two-block walk away and dined by candlelight at a restaurant recommended as the area's finest. As long as we'd be feeding frugally at "home" for the remaining nine days, what the heck.

To cement our relationship further, I scoured the mall for an appropriate gift. I knew it had to be something beyond gold and short—very short—of diamond. That would eliminate tinfoil; dear wife doesn't chew gum anyway. But how about stainless steel? I asked myself. Getting no answer, I then suggested copper.

To be on the safe side, I finally had a salesgirl conceal under double wrap a stainless steel saucepan with copper bottom. (Lest there be confusion, the saucepan had the copper bottom.) As an ace in the hole, I also picked up a copper bracelet. And, purely for sentimental reasons, added a pot of gorgeous purple African violets.

Have you ever felt like something someone had ordered and forgot to call for? Let me tell you about it.

At the unwrapping ceremony, I learned that my dear wife already owned a one-quart stainless steel saucepan with copper bottom. She also had been trying to give away, without success, her overflow of purple African violets (indicating that those things breed like field mice).

"The copper bracelet is good for relieving arthritis," I pointed out, standing aside in case she began turning cartwheels.

"I don't have arthritis," she answered back.

"But should you come down with it, you'll be all set," I said, wishing that in place of a bracelet I'd given her a choker (just kidding, of course). What

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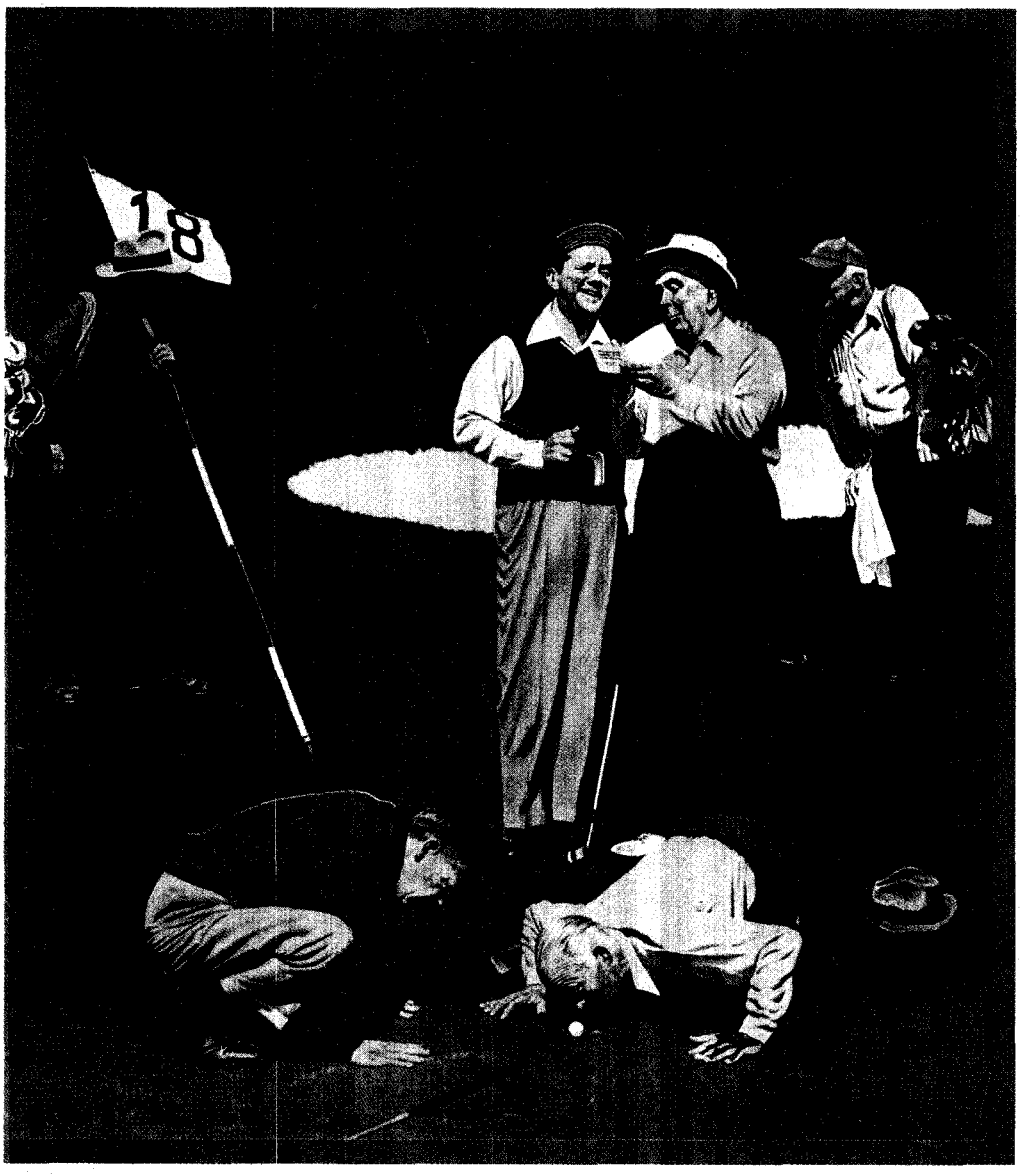
THE AMERICAN ILLUSTRATORS HALL OF FAME

The Art of Golf



Name the scene, the ploy, the handicaps associated with this sport of cuffing around a little white ball until it eventually disappears into a hole in the ground, and *Post* cover artists have captured it on canvas.

Whether our illustrators spent as much time with putters as they did with paints is anyone's guess, but we suspect they drew more on experience than on hearsay for their portraits of the game. These pages reveal the stratagem of artfully sneezing or boldly blowing on a ball that has fallen short. They portray the golfer torn between teeing off a ball or teeing off the wife (who has other plans for his day off), the erratic drive, the driving range, the rain delay, the late-partner delay, the business exec practicing his putting on the office carpet—all so true to life.

For the reader who may not know a shank from a slice, and who may not care to learn, we challenge you to turn these pages without stopping to check the early golfing fashions the artists have so accurately reproduced. ♟

Blow, blow, blow the ball down. When the putter fails to drop a five-foot putt that would have decided the match, artist John Falter, perhaps referring to a personal experience, has the potential loser huffing and puffing to coax that miserable little white pellet into the hole. But as the proverb says, "An ill wind bloweth no man to good." Thus, the obstinate ball that was putt stays put.

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Where oh where has his playing partner gone? Back to bed, he'd bet a brand new Titleist. Up at the crack of dawn to be first on the tee, and now this—already 5:15 and he's not here yet. You don't suppose he stopped for breakfast?

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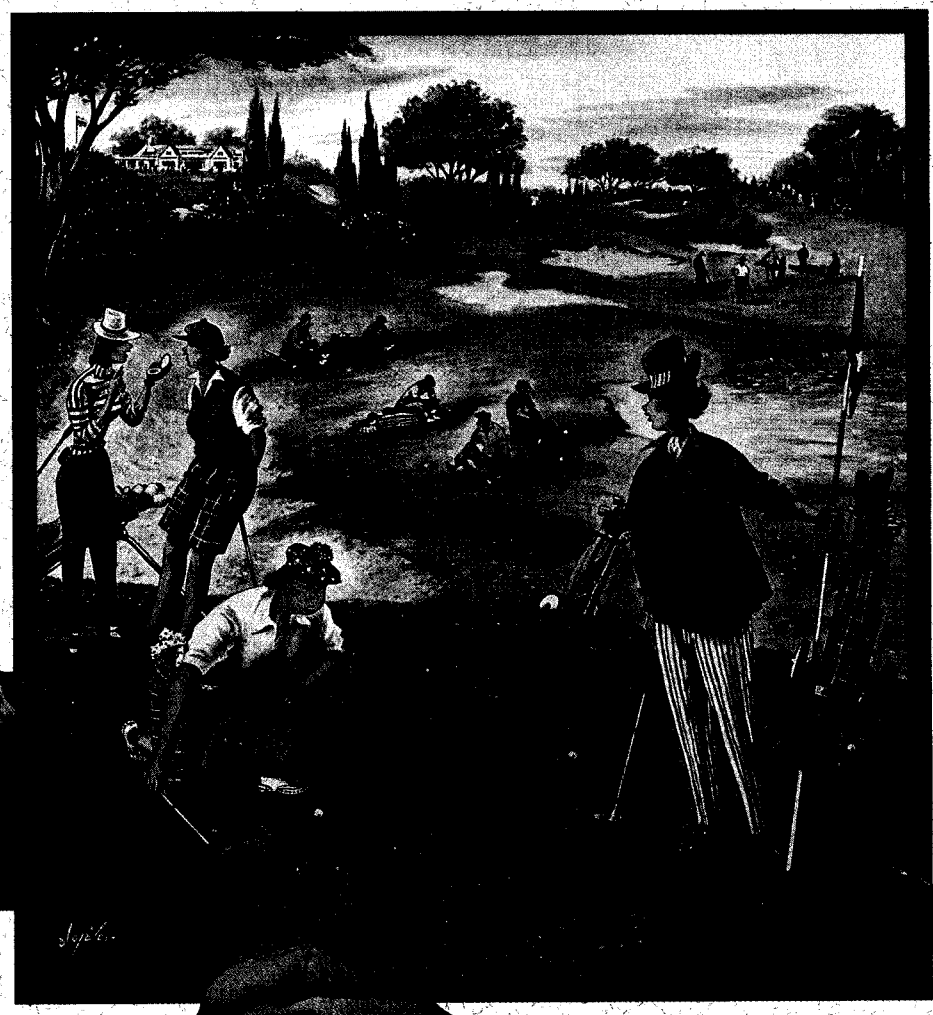
When it comes to the sexes, cover artist and golfer Constantin Alajalov portrays women golfers as more interested in things other than playing the hole a shot or two below par. The men, on the other hand, forced to sit back and contemplate the loveliness of nature and the placid surroundings, appear to be expressing a concern that their clubs may rust before they have the opportunity to use them.



Why would anyone with the sense of a brain-impaired gopher build a house this close to a golf course? Especially a house with windows. Don't the dummies realize that golf balls have a mind of their own, often making a hard right instead of following the golfer's perfect line toward the green? We hope the caddy's apology will be accepted.

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Rain can raise radishes, or it can raise blood pressure, depending upon whether your interest is gardening or golf. Artist Earl Mayan's golfer must be muttering, "Rain, rain, go away, come again Monday morning." But we can hear the contented man with the lawn and garden equipment humming, "April showers bring May flowers—and carrots . . . and cabbages . . . and cauliflower . . . and . . . ."

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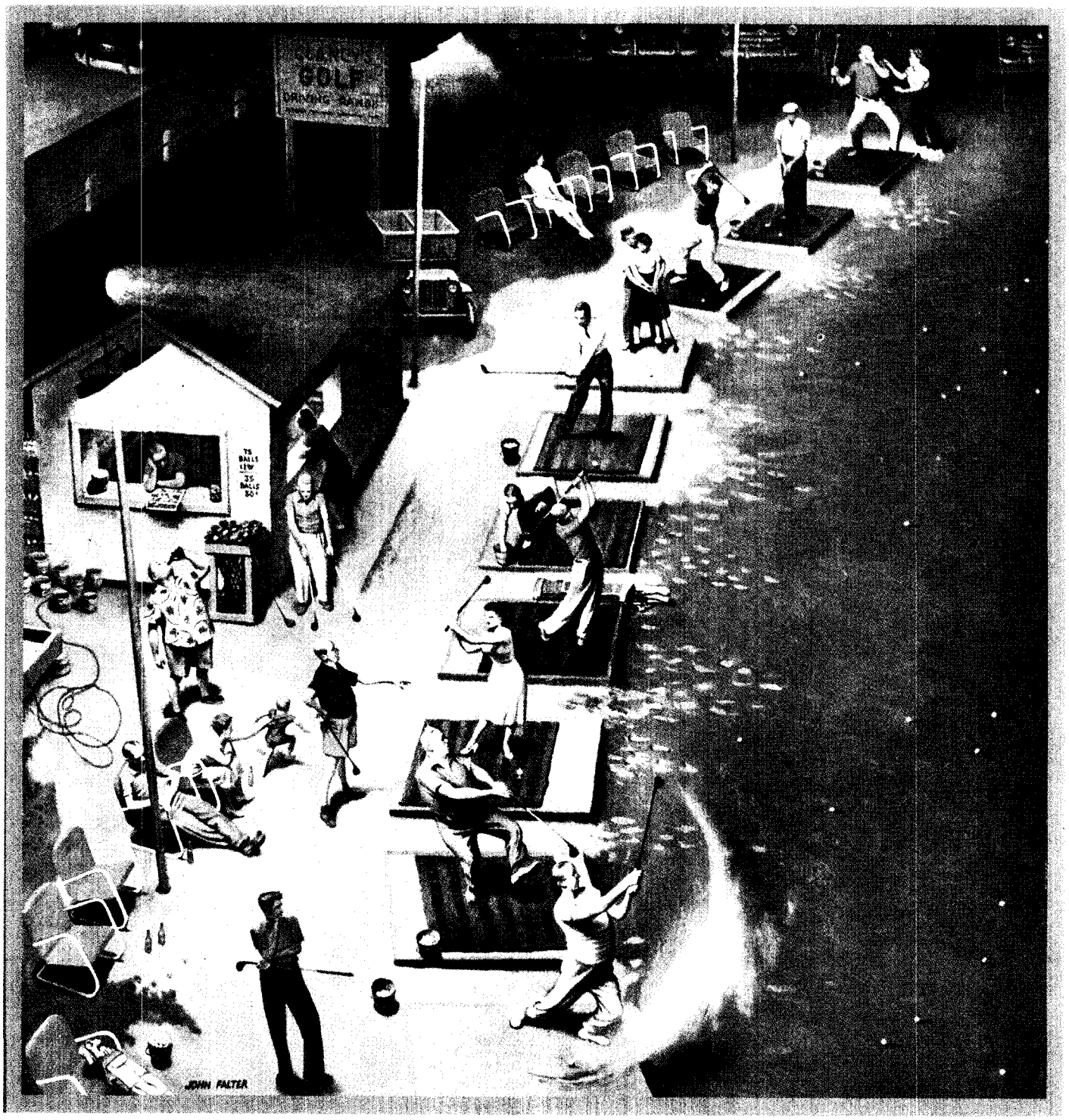

A driving range can either drive a would-be golfer crazy, with shots that continue to hook, slice, pop up, or turn into worm burners—or it can turn duffers into respectable golfers. Too bad artist John Falter didn't reveal which form among the flailers held the most promise, if any.

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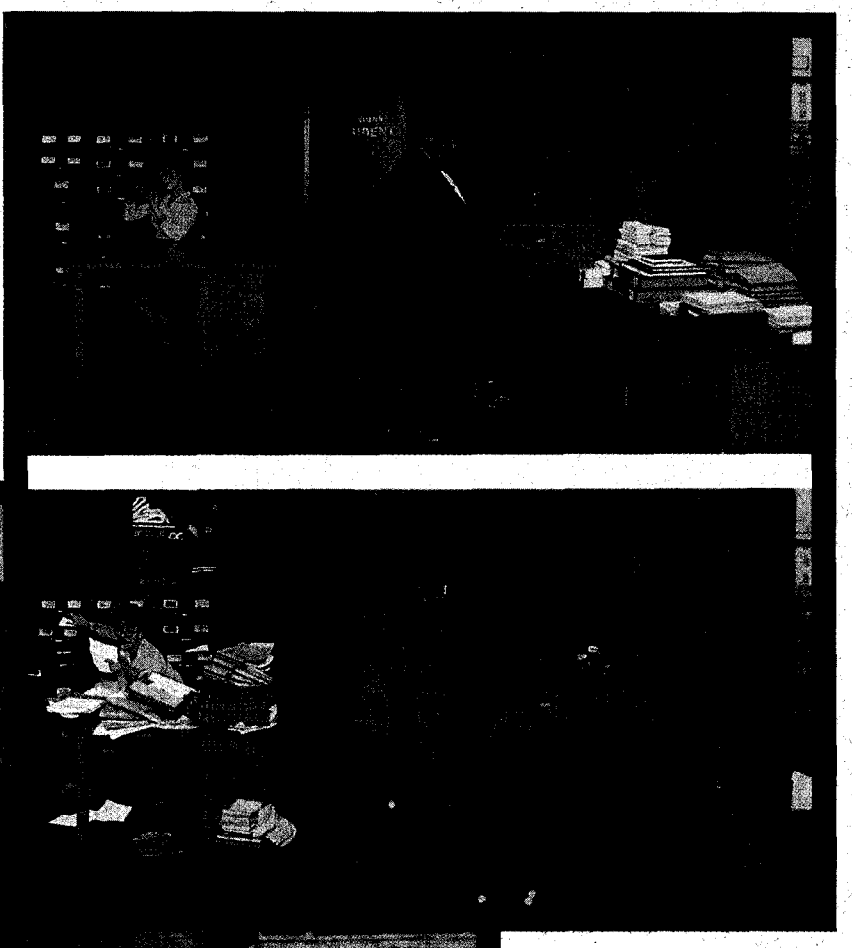
All work and no play will make the CEO a dull executive. And why should a secretary be paid her fabulous salary for filing her nails instead of business documents? But once the top dog's desk is cleared, he is free to practice his stroke for signing the papers. Whether his conscience is also cleared is anyone's guess.



To play or wash the car? That is the question. Whether 'tis nobler to try for a hole in one or risk a hole in the head upon returning home? Painter Amos Sewell leaves it to our imagination to decide whether the golfer is man or mouse. From the folded arms of the potential golf widow on the porch, we would guess that a piece of cheese might be in jeopardy.

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OPEN FORUM

THE PERSONAL PAST PROVIDES HOPE FOR THE FUTURE

Family research has potential to give great encouragement to people struggling today for cultural, social, political, and religious renewal in America.

by Robert Kimball Shinkoskey

In the field of psychoanalysis, behavioral scientists analyze early days with parents to explain emotional problems in their clients. But where can a school of social scientists be found who passionately point us to our own grandparents, great-grandparents, and even earlier ancestors as a key source of wisdom for understanding social and community problems today? It seems only the news of the hour—the day's events captured in the print or TV news—is taken to have any value, while the considerable wisdom of the pioneers of our civilization is forgotten.

As a man with a wife and five children facing the challenges of family living in the 1990s, I have found a renewed sense of hope by looking to what I call the personal past. The past, like an intemperate compost pile, is a highly energized seedbed capable of nourishing today's new family idealism. It is particularly inspiring to learn that important deeds of history were accomplished by those who bore names we carry today in our own families.

My interest in family history was initially piqued when I took a class in genealogy during the winter of 1978 at the local university. The following summer, I launched into practical research seeking family roots on my father's side of the family. My father and his father had lived in Washington State in wheat-farming country. I wrote letters to vital-statistics agencies in Washington and to distant relatives around the country and soon traced our namesake line to the state of Kansas before the turn of the century. By the end of the summer, after examining the returns from cascading amounts of correspondence (I wrote some 50 letters that summer) and after reviewing federal census records, I had pieced together Shinkoskey family history in this country since about 1880. Prior to that time, the family had come from Russia, or so the story went.

Family Freedom Day

I next tried to bridge the Atlantic Ocean and trace my father's people to those earlier origins. After nearly giving up on passenger lists for ships carrying European immigrants to this country, I found a newspaper story giving details of a group of Mennonite arrivals in New York City. The next step for these immigrants was taking the railroad to Kansas to join others of their kin who had arrived earlier. Amazingly, my 61-year-old great-great-grandfather, his wife, and several of their children were individually named on the list of travelers arriving in port on September 12, 1876. I now had our link to the old country. (The idea occurred to me much later that we could turn this day into an annual family celebration day. Aside from July 4, we now had a day our clan could view as our own Family Freedom Day.)

"The past, like an intemperate compost pile, is a highly energized seedbed capable of nourishing today's new family idealism."

I subsequently learned that my father's people were among a fairly large group of Germans who had been living and farming the fertile river valleys of southern Russia. Soon after, I joined an association of genealogists and history buffs researching the migration and early history of Germans from Russia and soon discovered details of my heritage in the North Caucasus in Ukrainian farming settlements. My work enabled my father to write a family history which was circulated to old and new contacts in the family. We invited correspondence and a renewal of ties among the widely dispersed family in America. I also pushed forward investigating family surnames on my father's mother's side of the family.

These discoveries made me feel a part of a much larger community than my own small neighborhood located in the present day. Kansas! I had never before even thought about Kansas. The Caucasus! What manner of place was this exotic-sounding locale? As I learned the story of these immigrants, I began to feel like the beneficiary of some kind of very real and very significant investment that my ancestors had made in America.

As a college student, I had learned reasons why America was an embarrassment to the world, and I demonstrated against our involvement in the Vietnam War. As a genealogist, I learned that America was no embarrassment to my ancestors. They could not find lasting political, economic, and religious freedom in Russia, but they certainly were able to find it in America. I learned that my father's family was linked to the ferment in thinking that grew out of the great Reformation of religion in Europe. Their new thinking removed them from the security of majority status in

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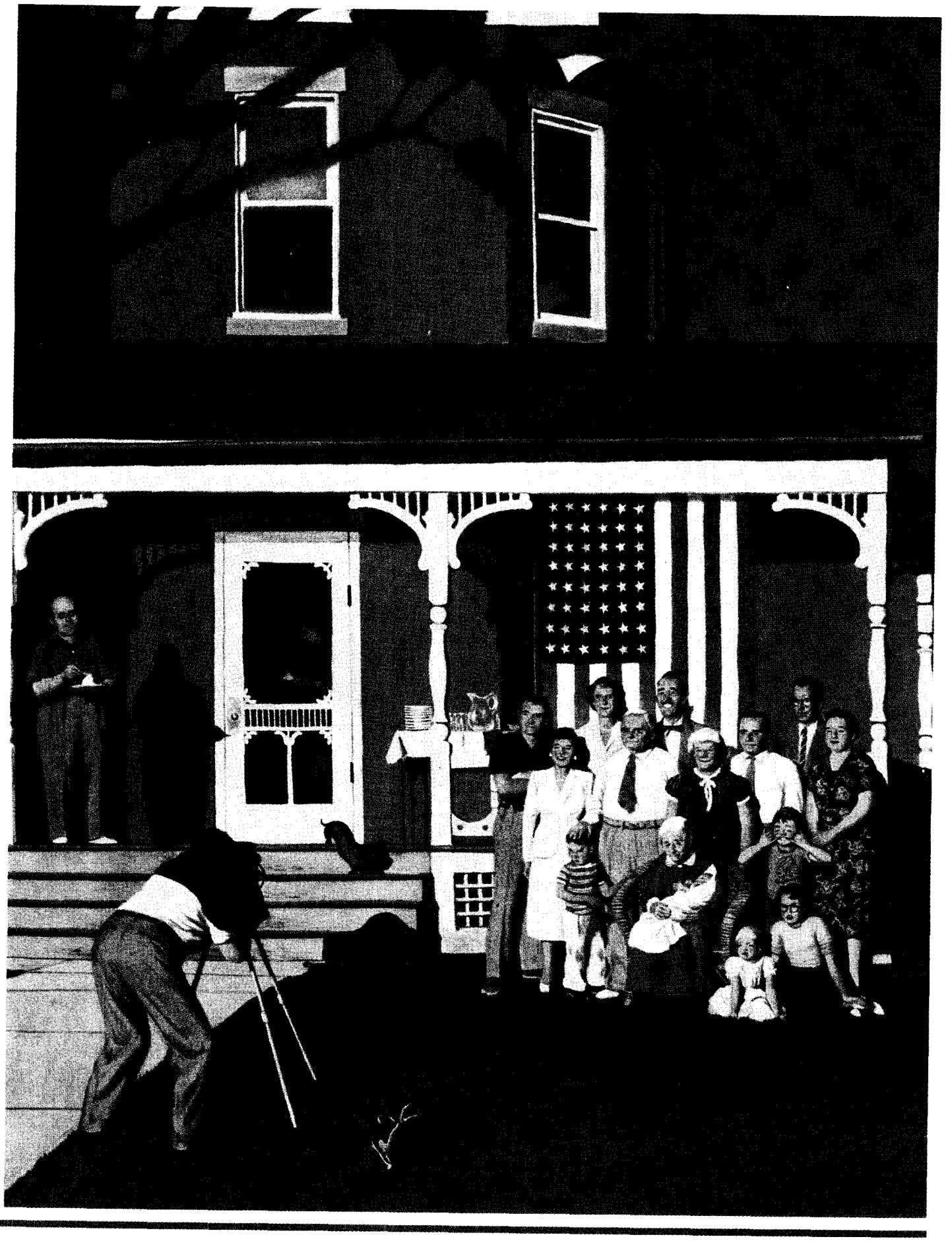

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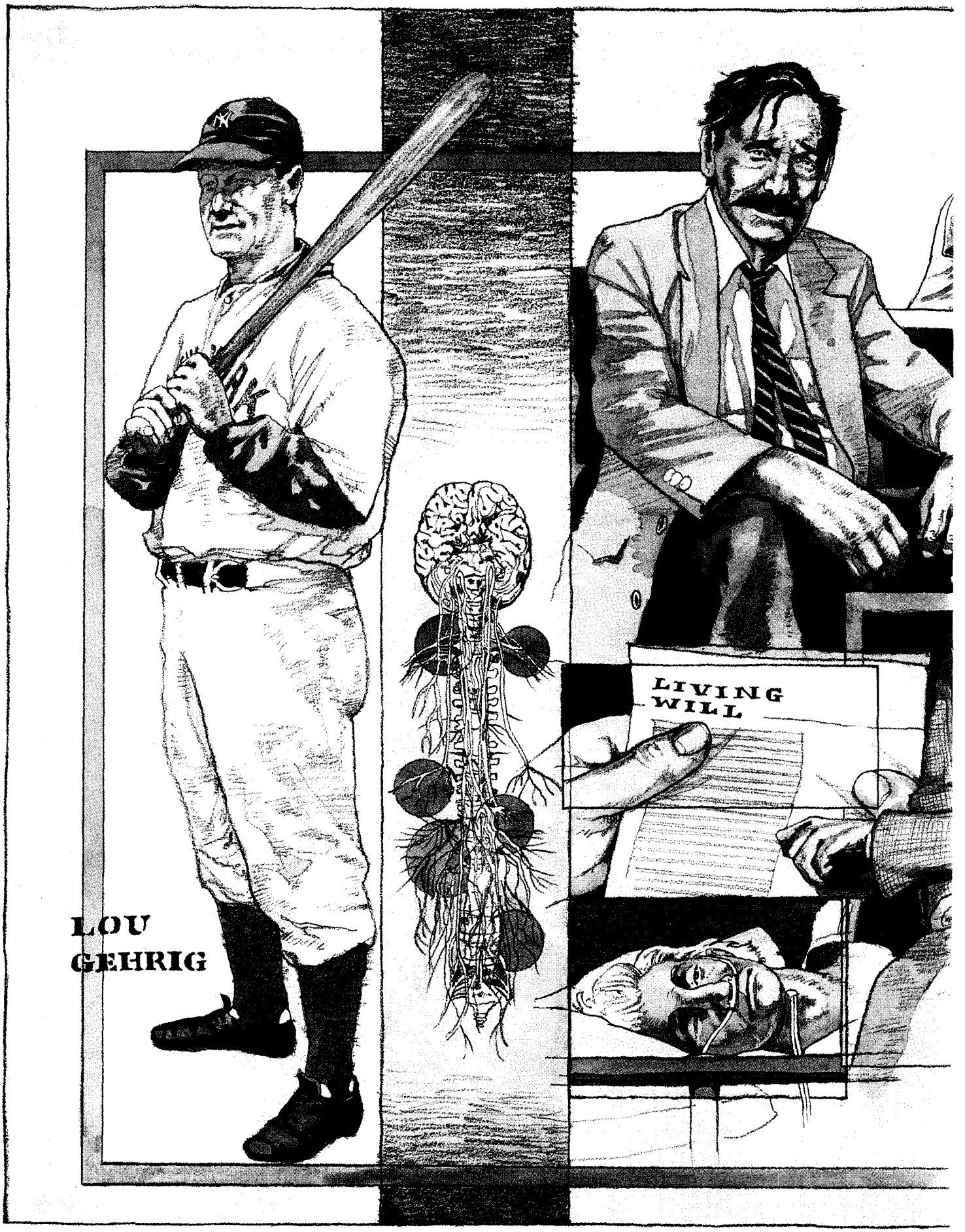

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THE CRITICAL DECISION—

To Intubate or Let Her Die Naturally?

Should the doctor put his patient on life support for as long as her body would hold out, or should he simply allow the disease to take its course?

by Lawrence Martin, M.D.

Illustrated by Frederick Carlson

I had long anticipated a distress call from someone in the Miraly family. When it comes I am at home, sleeping.

"Dr. Martin, Memorial Hospital calling."

"Yes?"

"I have a Mr. Ernest Miraly on the phone. He says he needs to speak with you. Can I put him through?"

"Yes, go ahead."

Mr. Miraly has a hoarse, quiet voice. Even face to face, during many sessions with the Miralys, I sometimes had difficulty understanding him unless I watched his lips move.

"Please speak up, Mr. Miraly. I can hardly hear you."

"Dr. Martin, my wife, Angela, she's having trouble."

"What kind of trouble? What's happening?"

"With her breathing. I don't know what to do."

"Is she awake? Can she talk?"

"No. I just called 911."

"You called 911? How long ago?"

"Just before I called you. What should I do?"

He has already done it. The emergency medical squad will be at their house in a few minutes. And then what? Surely Mr. Miraly has understood my explanations, my recommendations these past several weeks. I have done everything possible to warn him of this inevitable crisis, but he is not prepared for the sheer horror of watching his wife die.

"Mr. Miraly, please make sure the ambulance takes her to Memorial Hospital. I'll meet you in the emergency department." (EMS will get there sooner.)

"OK, Dr. Martin. You'll call and tell them we're coming?"

"Yes."

"Will she go back into intensive care?"

"That's up to you. We'll see." Then, as an afterthought, I add, "And it's up to her."

I place a call to the ED and speak with the doctor on duty, Roger Stanton. I explain the case, tell him what to expect, and ask that they hold off intubating my patient, if feasible, at least until I get there.

Driving in, I ruminate about Angela Miraly and how she came to be my patient. She was admitted to our intensive care unit only six weeks before, a transfer from the neurology service. About a month before that, she had developed her first symptoms—an unsteadiness of gait, a slight slurring of speech, some weakness in her arms.

These symptoms grew worse to the point where she no longer could drive. She saw her doctor, who sent her immediately to one of our staff neurologists, Edgar Mason. Edgar determined the likely diagnosis after his office exam and recommended she come into the hospital.

Edgar had found telltale "fasciculations"—fine, involuntary tremors of her arm and facial muscles. Progressive muscle weakness and fasciculations suggest a singular and terrifying disease, amyotrophic lateral sclerosis. In ALS there is atrophy and scarring of the spinal column nerves that control voluntary muscles. This nerve degeneration, of entirely unknown cause, can affect all the body's skeletal muscles, the muscles we can control at will (hence "voluntary"). Involuntary muscles, such as those found in the heart and other internal organs, are not affected by ALS.

Could she have something else? Muscle weakness by itself suggested a

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dozen different diagnoses, from toxic drug ingestion to occult cancer to chronic fatigue syndrome. But she had no history of serious illness. She did not travel to exotic places, nor was there drug use of any kind except postmenopausal estrogen. There was no history of depression, no evidence for cancer. As noted in her chart by the admitting resident: "First Memorial Hospital admission for this 57-year-old white female, who was healthy and well one month prior to admission when she first noted weakness in her arms. . . ."

Healthy and well. Always on the thin side, about 110 pounds and 5'4", a nonsmoker and nondrinker, never before hospitalized except for childbirth. Mother of two grown children, grandmother of four, Mrs. Miraly was in her middle-aged prime when ALS struck. Until weakness deprived her, she spent most of her free time in church work and other charitable activities.

Her 62-year-old husband, a semiretired accountant, was the other half of what, to any outside observer, appeared to be a long and satisfactory marriage. In all respects, the Miralys were a pair of solid citizens to whom self-abuse was as alien as infidelity, a situation that made her disease seem so undeserved (compared, say, to cirrhosis in an alcoholic or emphysema in a smoker).

Dr. Mason's plan was to do nerve conduction and other tests, confirm the diagnosis, and counsel the family. But on the second hospital day, Mrs. Miraly choked on part of her lunch. Because of weakened swallowing muscles and a depressed cough reflex, the food went into her lungs. Because of a weakened diaphragm (the principal muscle of breathing), she quickly developed difficulty breathing. That's when they sent her over to intensive care. On arrival to the ICU (about an hour after the aspiration episode), she was turning blue from lack of oxygen, so we intubated her trachea and connected the endotracheal tube to a mechanical ventilator. Then we sucked food out of her lungs and gave her antibiotics. It took us about three days before we could remove the tube and take her off the breathing machine.

By then, Dr. Mason had confirmed the diagnosis as "unequivocal ALS." He noted that her ALS was running a particularly progressive course, as opposed to a slower, more indolent course that afflicts some victims. He asked that I take over her care as principal physician because "her problems will no doubt be mainly respiratory." He would continue to "consult as necessary." What about treatment? Anything new? No, he said, nothing. Nothing new, nothing old. (The U.S. Food and Drug Administration has never approved a drug for treatment of ALS.)

So I inherited Mrs. Miraly's case by virtue of the disease's effect on her breathing, which remained fragile. Pulmonary function tests two days after extubation showed very diminished lung capacity, solely because of weakened respiratory muscles.

It is certainly easier never to put the tube in than to have to pull it out. Don't put it in and the patient dies a natural death caused by no human hand. Pull it out and the patient dies because you pulled it out.

I also took on the task of explaining what euphemistically might be called "the situation." This was not pleasant, because ALS is inevitably downhill. It is progressive, no one ever recovers, and most people die within three years of diagnosis. Some patients can live longer with machine support (for breathing) and continuous nursing care (for feeding, bathing, cleaning, and turning). It is a pure muscle-nerve disease, sparing all sensory and mental functions. Fortunately, ALS is not common; each year, it is diagnosed in about one out of every 100,000 people.

ALS is popularly known as Lou Gehrig's disease because the great Yankee first baseman's affliction with the disease occurred at the height of his career and was widely publicized. ALS attacked him when he was only 35, at the start of the 1939 baseball season and his 17th year in the majors. At first, no one knew what was wrong. Despite increasing lack of coordination and difficulty ambulating, he suited up for the early games that season. But he could not hit or field the ball. Was the record-holding Gehrig (for hitting and consecutive games played) in a slump? Was he goofing off? What was going on? In May, he quit professional baseball and traveled to the Mayo Clinic, where the diagnosis was made. At Gehrig's request, his doctor wrote a note for public release explaining the diagnosis of ALS and why Gehrig would not be returning to the game. Gehrig became an instant hero. The Yankees retired his uniform number (4) and honored him at a special Yankee Stadium celebration in July. Gehrig died less than two years later, on June 2, 1941. No progress in ALS has been made since then. I had no good news for the Miralys.

Well, almost none. People *do* live with the disease, under circumstances not available in Gehrig's day. Perhaps the most famous living ALS victim is the British theoretical physicist Stephen Hawking (born 1942), who communicates through a computer and moves around in a motorized wheelchair. He can neither talk nor walk. Dr. Hawking was diagnosed with ALS many years ago while studying for his doctorate. He has since formulated a major cosmological theory and authored best-selling books (*A Brief History of Time, Black Holes and Baby Universes*). Despite almost total paralysis, Dr. Hawking remains an active participant in theoretical science, but his brilliance and motivation are far above that of the typical ALS patient. All the ALS patients I know have died within a few years of diagnosis.

While still in the ICU, but after extubation when she could again talk, I attempted to explain the diagnosis and all its ramifications. I did this at the bedside because I wanted her to be involved as much as possible in decision making. Because she tended to turn her head to the left (a result of some neck muscle weakness), I stood on her left side, next to Mr. Miraly. He stroked her hair while I spoke.

"ALS is a progressive condition, Mrs. Miraly. Dr. Mason tells me it has already progressed quite a bit since your first symptoms a month ago. There may come a time when you can't breathe at all, without the breathing

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tube and a machine."

"When will that be, Doctor?" she asked, innocently.

"No, dear," Mr. Miraly chimed in, "that's not going to happen, is it, Doctor?"

What? He didn't want to hear this.

"Well, it could very well, Mr. Miraly. ALS is a progressive condition, and unfortunately, we can expect her muscles will get weaker over time and. . ."

He shook his head as if, perhaps, I was lying or talking about some other patient. He wanted me to shut up and, for the moment, I did.

A day later, she was out of intensive care, on a regular medical ward. I talked with them further. By this time, she was eating again, but only puréed foods because she couldn't handle solids well at all. Mr. Miraly was constantly at her bedside.

"We should talk about what can happen with this condition," I said. "There could come a time when you won't be able to eat on your own, or breathe without a machine. When that happens, we can place a feeding tube in your stomach and a breathing tube in your throat, as was done a few days ago. We can do these things for you, but that's how you will live. I don't think Mr. Miraly can care for you then, and it will mean going to some sort of long-term facility, a skilled nursing home."

I brought up the subject of "advance directives," decisions about what to do when the end comes. Would she want to be kept alive on a breathing machine? Some ALS patients opt for this. It can even be done at home, but it requires round-the-clock nursing care. Others have asked to be let alone, to die naturally, and this can be handled at home as well (for example, through hospice care).

We've had the situation where ALS patients were intubated in an emergency and who, when it became clear they couldn't be taken off the machine because of respiratory muscle weakness, have asked us to pull out the breathing tube and let them die. Pull the tube out? It's an acceptable practice ethically, but stopping life support, especially in a mentally alert patient, engenders major stress for practically everyone. Of course, the patient can be sedated and made unaware, in effect relieved of all anxiety; not so the doctors, nurses, or the patient's family.

Ethicists can (and do) argue that withholding and withdrawing life support are morally identical actions, but *they* are not the ones at the bedside pulling out tubes. Morality aside, it is certainly easier never to put the tube in than to have to pull it out. Don't put it in and the patient dies a natural death caused by no human hand. Pull it out and the patient dies because you pulled it out.

But if the patient is terminally ill, he or she has the right to demand termination of life support. He or she can even demand it up front, using an advance directive. The most common advance directive is the living will, a legal document wherein you state what is wanted, should you end up in a "terminal condition" or a "permanently vegetative state." The latter condition is rare, but "terminal condition" is not; it applies to a broad canvas of disease states. Like beauty, "terminal" is in the eye of the beholder, a semantic conundrum that is the principal flaw of any living will.

To my mind, Mrs. Miraly was terminal because she had an incurable, progressively downhill disease; she would die of ALS much sooner than predicted from normal life expectancy, without or *with* machines. With machines and the enormous support they would mandate, she could live perhaps a few miserable years; without machines, perhaps a few months, or less. We were lucky to get her extubated and off the ventilator this time; her degree of muscle weakness made it clear that the next episode of respiratory failure would commit her to machines *forever.*

I explained all this to the Miralys and told them about living wills. For the next ten days in the hospital, I talked with them perhaps a total of six hours. I also met with their son and daughter, who came from out of town and stayed several days. Having families of their own, they had to return home, but by that time they and their parents heard much about ALS and what to expect.

Son and daughter agreed that their mother probably wouldn't want to be kept alive on a machine, but that "it was up to her." Mrs. Miraly never made any declarative statement herself. Mr. Miraly, for his part, would only listen politely. He told me they would think about the issue. In truth, they (patient and husband) simply didn't want to commit one way or the other. We arranged for a hospital bed at home, plus nursing care during the day and a special diet of puréed foods, then discharged her.

During the next six weeks, I received three phone calls from their home, one from Mr. Miraly and two from her visiting nurse. A week after discharge, the nurse called to get an antibiotic prescription because Mrs. Miraly had developed a fever and possible bronchitis. I suspected pneumonia, but she didn't want to come to the hospital for a chest x-ray. The nurse's second call, a few days later, informed me that she was better with the antibiotic. I asked to talk to Mrs. Miraly, but when she came to the phone, her speech was garbled. She was not in any distress, but weakness of the speaking muscles had made her unintelligible, at least on the phone. She had deteriorated further.

continued on page 71

Facts About Lou Gehrig's Disease

- ALS is also known as *maladie de Charcot*. Dr. Jean Martin Charcot, a French neuropathologist, made the first clinical description of ALS in 1869.
- Approximately 70,000 people have ALS worldwide.
- ALS usually strikes people over the age of 40.
- Patients generally survive three to five years following diagnosis.
- Only 5 to 10 percent of ALS patients have a family history of the disease.
- No dietary, occupational, or environmental risk factors have as yet been identified.
- Actor David Niven; U.S. Senator Jacob Javits; football players Matt Hazeltine, Gary Lewis, and Bob Waters; and composer Dimitri Shostakovich died from ALS.
- A new experimental drug, Rilutek, is the first to show any effect on the disease. Rilutek slightly increases longevity of patients, but does not stop muscle-function deterioration.
- To date, there is no cure for ALS.

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Answering Your Gardening Questions

Q. When should I plant peony roots?

A. The best time to plant peony roots is late August through November before the ground freezes. Plant in full sun in well-drained soil, making sure the roots are at the prescribed depth. If too deep, they will never bloom. Peonies require mulching for winter protection.

Q. What type fertilizer should I use for feeding my shrubs and perennials?

A. Use 12-12-12 or 5-10-5 fertilizer. Spread with a hand-crank spreader, going once through the bed at the six or seven setting. Fertilize in spring and fall.

Q. Which is the longest blooming daylily?

A. Stella De Oro blooms all summer, as long as you keep cutting off the spent flower stalks.

Q. What biological controls can I use in place of chemicals to get rid of plant-eating insects?

A. Various biological controls are available. Predaceous mites (*Amblyseius*) eat spider mites, ladybugs feed on aphids, the parasitic wasp (*Eretmocerus*) attacks whiteflies, and the *Ordius* insect feeds on thrips. For more information on biological controls, call Beneficial Insectary at 800-477-3715 or M&R Durango, Inc., Insectary at 800-526-4075.

Q. What type of grass would be good for a playground that has much foot traffic?

A. I would use a tall fescue blend, such as Crew-Cut, SR 8200, or Bonanza. After one year, tall fescue becomes a sturdy turf that requires less watering than other grasses.

Q. I bought some trees, but the ground is so hard after the first six inches. How do I go about digging the holes?

A. To soften hard ground, fill the tree hole with water. Wait until the water has drained away, then continue digging. Repeat the process until you get to the proper depth for the tree ball. To improve drainage, dig a narrow weep hole 2½ feet deep using a posthole digger.

For answers to your gardening questions, write to: Gardening Editor, The Saturday Evening Post, *1100 Waterway Blvd., Indianapolis, IN 46202.*

GARDENING

PERENNIAL FAVORITES

From tiny campanulas to towering delphiniums, these constantly flowering plants bring beauty and variety to your garden.

by Bruce Lockwood

You might say perennial flowers are a gardener's dream come true. Once planted, they return year after year, adding beauty and color to the summer landscape. Unlike annual flower beds that are lush and colorful but static, perennials offer ever-changing scenery throughout the growing season.

These nonwoody plants that emerge in the spring and die by fall range from tiny campanulas an inch tall to soaring spires of giant delphiniums reaching four to five feet.

A sun garden planted with loosestrife, phlox, purple and white coneflowers, peonies, delphinium, iris, Shasta daisies, and cranesbill will provide color from spring through fall. Some perennials are adaptable to partial shade, while others such as hostas and astilbes flourish in partial- to full-shade areas.

You can start a perennial bed any time during the spring, summer, and fall. For best results, select a few basic plants as the foundation for your display. Pick strong, growing plants that are durable and have attractive blooms. Once the foundation is established, fill in the bed with other perennials.

The ideal perennial bed appears to have grown from nature, rather than from human design. To create the masses of shapes and variety of colors that make perennial beds so attractive, use the garden technique known as clumping. Instead of single plants, position clumps of the same species and hue, leaving a wide enough space between them so the eye will be drawn easily from one shape to the other. Allow at least one foot between plants in a clump and two feet between clumps. Large-growing or fast-spreading plants such as peonies and daylilies may be given a three-to-four-foot leeway.

The following pointers will help you create a perennial garden that will give years of satisfaction and enjoyment.

How to Start a Perennial Bed

After choosing a location, use a garden hose to outline the shape of the proposed bed. Mark the ground at two-foot intervals along the hose with orange spray paint. Remove the hose, connect the marks, and you have the design for your garden.

Before working up the soil, spray the area with Roundup L&G Concentrate. Use five ounces of Roundup to one gallon water in a hand-held sprayer reserved for herbicides only. Pour in one bottle of black Rit dye to see where you have sprayed. Avoid stepping in sprayed areas, or you may track Roundup across your lawn. Allow seven days before preparing the soil.

Add two inches concrete sand plus four to five inches planter's mix (decomposed shredded bark, decomposed leaves, and mushrooms) if the soil is heavy in clay or humus. Also, add two pounds superphosphate 8-32-16 and two pounds 14-14-14 fertilizer per 100 square feet. Next, hand-turn the bed with a shovel, then rototill twice to reduce dirt clods. Rake the bed evenly, removing stones and surface debris. Simply add six inches of planter's mix and the same amount of fertilizer as above if the soil is sandy, then rototill.

Selecting Plants

Most nurseries tag perennials for preferred growing location (sun, partial shade, or shade). Take note of this and purchase only plants that are suitable for your location. Never buy a perennial that looks wilted or is too large for the container. These plants may be root bound and will be difficult to keep watered. Get plants that

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YELLOW *ACHILLEA* (YARROW), PURPLE *LIMONIUM* (SEA LAVENDER), AND WHITE *CERASTIUM* (SNOW-IN-SUMMER) BRIGHTEN A MIDSUMMER PERENNIAL BORDER.

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are six to ten inches tall. Read labels and note the mature perennial's height and color.

Planting

Plant perennials in groups of three, five, seven, or nine, etc., spacing according to the label requirements. Generally, the largest perennials should be planted in the middle or back of the bed, followed by the medium perennials. The small ones should go in front.

Watering

Water perennials two or three times right after planting, then water every three or four days for the first two weeks. After that, check the perennials three times a week for dryness. One month after planting, adopt the following watering schedule. Take care to water only in the morning before 11:00 a.m.

- Clay soils shaded—once a week
- Clay soils sunny—twice a week
- Sandy-rocky soils shaded—two to three times a week
- Sandy-rocky soils sunny—three to four times a week
- Humus soils shaded—once a week
- Humus soils sunny—twice a week

Mulching

Cover the area between plants with a two-inch thickness of mulch. Do not put mulch on top of the plant crowns or they may rot. Mulching helps keep water in and weeds out.

Fertilizing

Feed perennials in spring and fall with 5-10-5 or 12-12-12 fertilizer. Using a hand-crank spreader, put down three pounds per 100 square feet (ten feet by ten feet) garden area. You may also fertilize occasionally during the growing season with Miracle-Gro or Peters foliage spray. Follow the directions on the container for best results. Fertilize right after watering. Be sure to cover all foliage when foliage spraying.

Cost-Saving Tips

✿ Get perennial plants in gallon rather than four-inch containers. Smaller plants are less likely to survive and may take two years to reach gallon size.

✿ If your bed is smaller than three feet by five feet, buy planter's mix in bags. For large beds, you will save money by purchasing in bulk. Dealers deliver most bulk mulch.

✿ Buy weed-killer concentrate and fertilizer at a farm co-op or agricultural supply company. Fertilizers are usually available in 50-pound bags.

✿ Perennials will be cheaper in June, July, and August because nurseries discount them to make room for fall plants.

Perennial Choices

COMMON NAME OF PLANT	HARDINESS ZONE	PLANT HEIGHT	BLOOMING MONTHS
Perennials for Sun			
Aster	3-8	1'-6'	Aug.-Oct.
Butterfly Bush	6-9	3'-8'	July-Sept.
Candytuft	3-9	10"	April-Aug.
Canna	4-9	3½'-6'	July-Aug.
Clematis	5-8	5'-50'	May-Sept.
Coneflower	4-8	3'	July-Oct.
Coral Bells	3-7	15"-30"	May-July
Coreopsis	5-8	9"-2½'	June-Oct.
Daylily	3-9	18"-4'	April-Sept.
Delphinium	3-7	3'-6'	June-July
False Dragonhead	3-7	2'-3'	Aug.-Sept.
Gay-Feather	3-8	3'-5'	Aug.
Iris	3-9	18"-4'	May-July
Lavender	6-9	12"-18"	July
Liriope	6-10	15"	May-Aug.
Oriental Poppy	3-8	2'-3'	June
Peony	3-9	2'-4'	May-June
Phlox	3-8	12"-4'	May-Sept.
Russian Sage	5-9	4'	July-Sept.
Speedwell	3-8	15"-24"	July-Sept.
Yarrow	3-8	15"-4'	June-Sept.
Perennials for Partial Shade			
Anemone	6-9	8"-3'	June-Oct.
Astilbe	4-8	12"-4'	June-Aug.
Barrenwort	5-8	10"-15'	April-May
Bee Balm	3-8	2'-3'	June-Aug.
Bellflower	3-7	4"-4'	June-Aug.
Bergenia	5-8	10"-15"	April-May
Bleeding Heart	4-8	2'	May-June
Brunnera	3-7	15"	May
Cardinal Flower	3-8	3'-4'	June-Aug.
Columbine	3-8	12"-3'	May-July
Forget-Me-Not	4-8	4"-8"	April-May
Foxglove	4-8	2'-6'	June-Aug.
Geranium	5-8	6"-30"	May-July
Goatsbeard	5-9	10"-5'	June
Hellebore	5-8	8"-14"	Feb.-June
Lily of the Valley	3-8	4"-8"	May
Primrose	4-9	6"-4'	May-July
Turtlehead	3-7	2'-4'	Aug.-Oct.
Virginia Bluebell	3-8	2'	June-Sept.
Perennials for Shade			
Astilboides	4-8	3'-3½'	May-June
Bear's-Breech	5-9	3'-6'	July-Aug.
Bugbane	4-8	24"-7'	July-Oct.
Dead Nettle	5-8	4"-6"	April-July
False Lamium	3-7	3"-4"	May-June
Ginger	5-9	3"-4"	April
Hosta	4-9	3"-4'	June-Sept.
Lilyturf	6-10	8"-18"	Aug.-Sept.
Marsh Marigold	3-7	12"-18"	Mar.-Apr.
Myrtle	6-9	3"-4"	Mar.-May
Ostrich Fern	3-8	3'-5'	Semievergreen
Shooting Star	4-8	6"-12"	May-June
Solomon's-Seal	5-8	3'-6'	April-May

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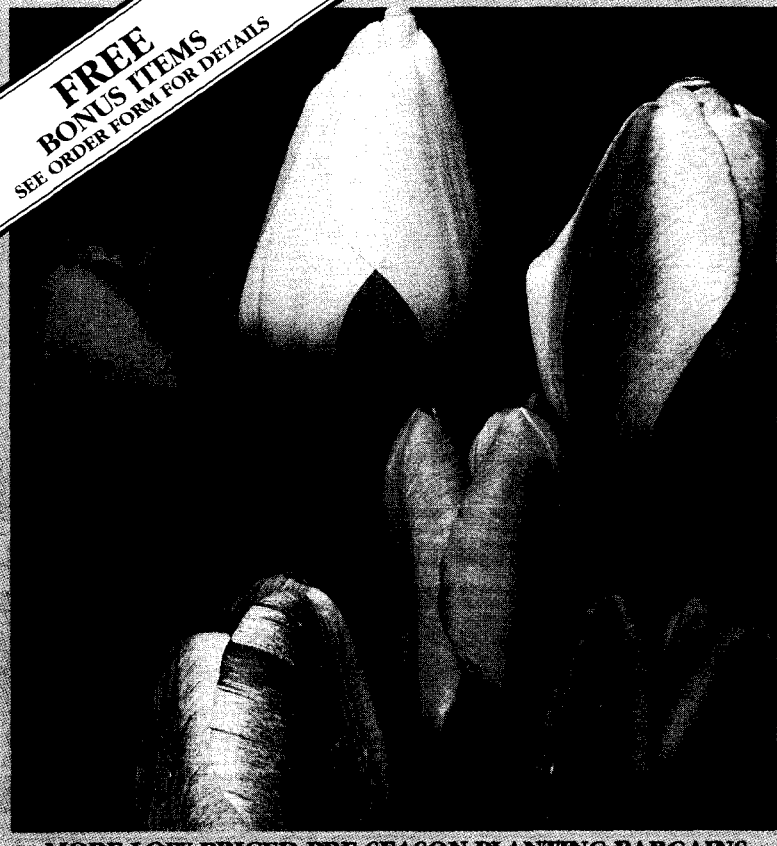

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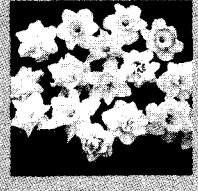

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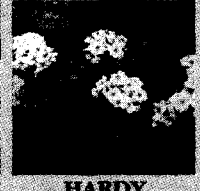

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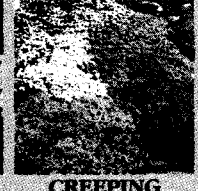

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Quarter's Worth of Fireworks

continued from page 39

he would make up in the morning. He would grab my neck, cup my neck in his hand like he always had done, pulling me forward to knock my head against his head so lightly it was like a leaf falling to the ground.

I was wrong. I couldn't have been wronger. Pa was gone.

He came in while I was finishing my toast. He carried a bag under his arm. I said, "Hi, pa. Is it hot out?" but he only turned to ma.

"Where are the boys?" he asked. "I don't see Louie or Joey."

"I can't tell," she said. "My nurse is off today."

Pa went through the kitchen as she shook her head. "Sicilians," ma said. "Stay 'way from him, Danny."

"Yes," I said. "I can do it now," I said.

I slid out from behind the kitchen table. I got my cap from the peg as I went out into the sun. I guess I was just tired of begging. Of begging, of being kicked around, of being brushed off. I went down Colorado Street to the playgrounds to shag flies for an hour. Afterward I watched a scrub game between two teams of older guys. Then Herman Simon wanted to see some planes take off, so we walked to the airport. The sun was almost straight over us, so we sat alongside the hangar in the shade for a while. Coming back, we cut across the old city dump before returning over the State Street Bridge. I left Herman there to walk to the top of the Ohio Street hill, which looked down on half of the city. That's where Louie found me—sitting on the ground and leaning against a tree.

"Dan?"

"What?"

"Can I sit with you?" he asked, sitting with me.

"All right."

"The movies were terrible," Louie said.

"All right."

"You would have hated them, Dan."

"O.K."

"Do you want my ice-cream nickel?" he asked.

"No," I said. "Thanks."

"You can have it."

"No!"

"Dan," Louie said, "I'm supposed to bring you home for supper. Ma said to find you."

"You didn't find me," I said.

"Yes, I did." He was worried. "Here you are."

"I'm not hungry," I said. "Go on home."

"Come with me, Dan." He was standing now. "Please, Dan."

"I'm not hungry! Can't you understand English?" I asked, and saw he was going to cry. I got to my feet, brushing my pants. "Come on, I'll walk with you, but I'm not going home."

We came down the hill without talking. We went past the playground so we could come into Colorado Street from the near side. I said, "I'm going down to the bluff."

"Please, Dan," Louie said. He took my hand. "I'm supposed to bring you home."

"No," I said. Pa wouldn't even look at me. "No, I'm not hungry." I shook myself free, walking toward the bluff.

He walked beside me, half running to keep up with me. I could hear the Salutes going a block away. When I got there, Gutless Wonder was touching a long piece of smoking punk to a firecracker Sid Glotter held. As the wick smoldered, Sid lunged forward. Gutless Wonder said, "Sid, don't!" There was real fear in his voice as he jumped away. Sid saw me and said, "Here, Dan," motioning with the Salute. Louie jumped. Eli Watkins, on the other side of me, jumped while I stood there.

"Guts," said Sid, throwing it over the bluff. "You got guts, ain't you, Dan?"

"Enough for you."

He took a Salute from a pack. "Here," he said.

Louie tugged at my sleeve. I pushed him away as Sid came forward. "Take it," Sid insisted, holding the firecracker in front of him. "Let's be divvies. Partners."

I said, "Beat it," and behind me, a man said, "Hi, Sid."

I turned to see Harry Connery. I knew it was Harry. He was looking at me. He was big. He was taller

continued on page 69

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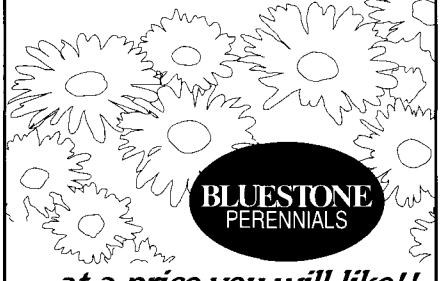

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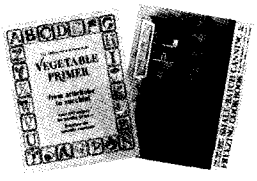

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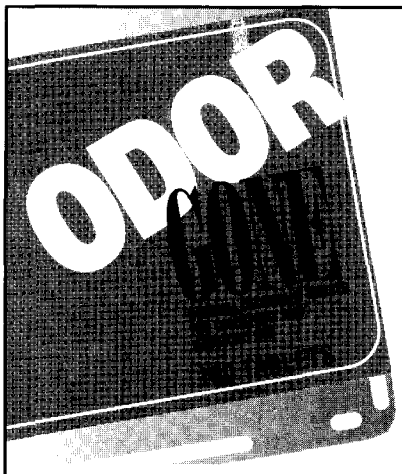

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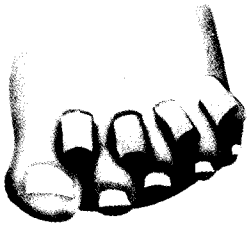

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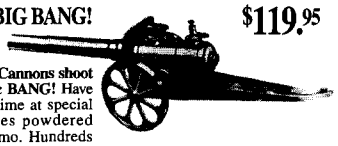

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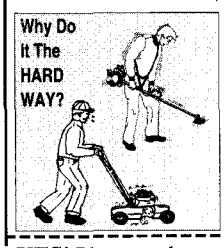

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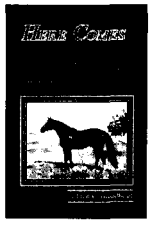

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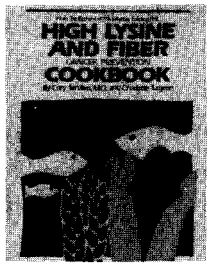

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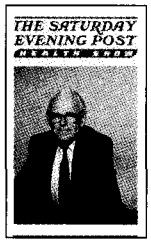

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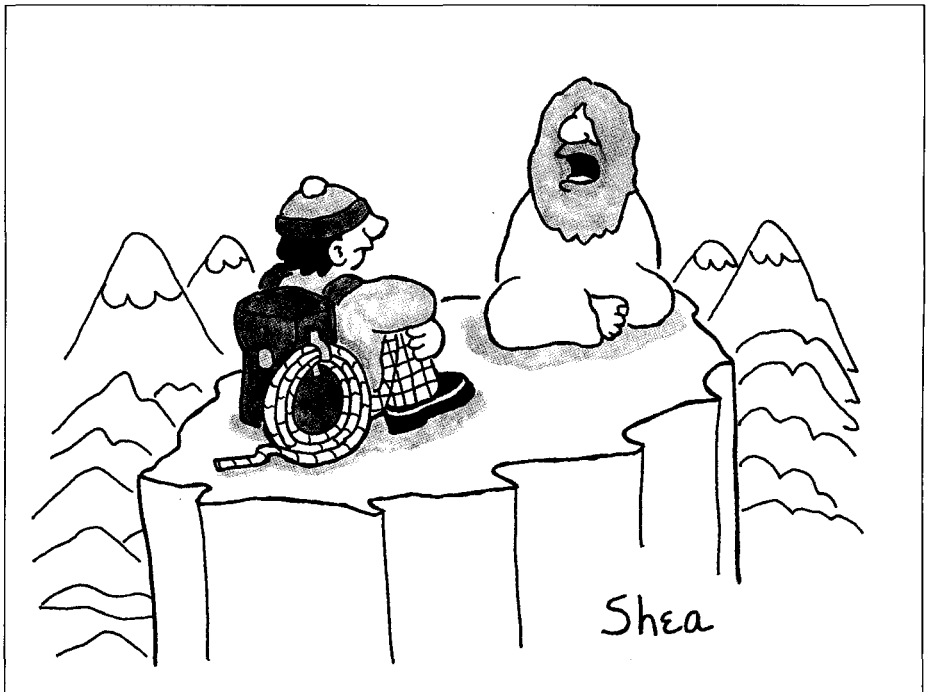

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Quarter's Worth of Fireworks

continued from page 66

than anybody I had ever seen. He was wearing brown-and-white shoes, and my chest hurt. I wanted a drink of water as he said, "How are you, Sid?" talking to me.

I knew then. His mother had heard me calling Sid in the darkness in the garden last night.

"I'm not Sid," I said, while Louie started to run. Louie, who couldn't look at anyone who was in trouble. I was alone now, all right. All of them around me had spread out, stepping back or to either side until there were only Harry Connery and me.

"You're not, eh? What do they call you, kid?"

"I'm Dan. Dan Lombardi." My whole back was wet. I could feel my shirt sticking to me. Then a breeze came, blowing his pants back. His legs were as big around as lampposts.

"Who's Sid?" Harry Connery asked me. He reached down to take my arm in his hand. He held my arm until it began to hurt. He said, "Come on, kid, which one? If he isn't here, where does he live? What's his last name? I'm telling you, kid, don't make me——"

"That's him!"

Harry Connery released me and I turned to see Gutless Wonder. He was already over the side of the bluff, pointing at Sid.

"There he is, mister," said Gutless Wonder. "That's the guy, Sid Glotter," and he disappeared.

Harry Connery moved, but Sid was too fast. He leaped like a broad jumper going after Gutless Wonder, and as Harry Connery stood with his back to me, I said, "Me too. I was with them, Mr. Connery."

He stopped dead, boom, like he had run against a wall. He had his back to me. I wasn't running, that's all. I had to get it over with, that's all. I didn't care what he did or what happened, I had to get it out of my head.

I had my hand to my face, feeling his five fingers on my cheek like five whips before I believed it. He had turned and come ahead and grabbed me, holding my shirt with one hand, slapping me with the other.

"Lousy little punk," he said, holding me. My face hurt so I could hardly see. "No-good, thieving punk," he said, hitting me again, on the same side again. I had to bite my lips or I would have cried. I would have just screamed, it hurt so. He had his hand up and I was trying to hide my face when Pa grabbed his arm.

"My boy," he said. "That's my boy you hit," he said, holding Harry Connery's arm in both his hands, his undershirt over his pants and his bedroom slippers on his bare feet. "You stop now," pa said.

Harry Connery stopped. He let me go and turned to pa. He looked pa up and down. He said, "Your kid?"

"Bet my life," pa said, and Harry Connery hit pa with his fist. He got him on the side of the face below the eye, and pa went on his back on the ground. His bedroom slipper fell off.

I was crying then, all right. I couldn't stand it to see him on the ground. He was on his back, and he turned and pushed himself. He was on his hands and knees then, shaking his head, and when he saw me, he said, "Don't cry here," he said. "This is America. Don't have to be

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afraid here!"

"I stole tomatoes," I said. "Pa, I stole." And I told him.

"Will be all right," he said, and got to his feet then. He stood before Harry Connery, and he said, "Is just a boy, mister. I 'pologize for my boy. I pay hows much you say," and as he reached for his coin purse, with his hand in his pocket, Harry Connery hit him again, right under the same eye.

When he fell—when pa fell this time, he didn't lie on the ground. He got up and backed away, and he said, "You don't do nice, mister." He shook his head. "If my boy do wrong, he's a boy. I teach him," and Harry Connery swung.

But pa swung. Pa had closed his right hand, which all week used a sledge and a crowbar in the Great Northern Railroad shops, and as pa got hit, his fist found Harry Connery. Pa closed his left fist, swinging with that, and that found Harry Connery. Harry Connery went back against the big round disk on the fence that lit up to show drivers it was a dead end. He was hanging there a minute with pa in front of him and both bedroom slippers were off.

"Now you stop, mister," pa said in his bare feet. "Now you finish. I don't care if you real tough guy; you don't hit boys. Not kids. My kid. My Dan," pa said, and I could see him beginning to shake. I saw him shake, which was the real sign he was mad. I had only seen him like that once, when an uncle of ma's in Naples wrote a letter and sent a picture of Benito Mussolini.

"I don't care who you bootleg, you hear me, mister," pa said. "You don't touch kids. I go tomorrow. I 'pologize to your mamma. Sweet woman, your mamma; always say hello with my wife. I bring him," pa said, gesturing at me, "and he 'pologize. And whatever she say, he do: plant tomato, sweep sidewalk, shovel snow all winter, whatever. But you don't hit, mister. Not in America. . . . Dan, bring slippers," pa said. He turned to Harry Connery again. "Not in America," pa repeated.

I dropped the slippers on the ground, because he would yell if I bent to help him. He said that nobody had to bend. He got his slippers on and he turned to me.

"You stay, Dan?" he asked. "Stay or come home?" he asked.

I wanted to grab his hand. I wanted to swing on his arm and jump on his back, like I used to, but I was too old now. I just wanted to hold him, but I said, "I'll go home."

That's all I said and that's all he said. We walked in the street. His eye was beginning to puff. He was going to have some shiner. We passed Clinton Avenue without talking, and Greenwood Street, and there, halfway down the block, when I could see the chairs on our front porch, pa stopped. He turned to me in the street, reaching into his pocket.

He had his hand in his pocket and he said, "Dan, you listen." He said, "Dan, I am—— You too old—— I do——" He took a deep breath. "No," he said. "Start over." I saw the quarter in his hand. "Here, Dan," he said. "You buy Minnesota Salutes," and I shook my head.

Shook my head and stepped back, turning away, or I would cry and he couldn't stop me.

"Here, take," pa said.

He stepped toward me with the quarter out, and I said, "I don't want it, pa."

"Take, son," he said, and I grabbed it. I wanted only to end this.

"I want to go home with you," I said, and pulled back my arm. I couldn't stand it about the money any longer. As I started to throw, pa grabbed me.

He was laughing and holding me, and he said, "Whoa! Whoa, Dan, I don't make these quarters." He held me to him, with my head in his chest, rubbing my hair until, in a minute, he said, "All right?" He nodded at me. "Are you all right, my son?"

"Yes," I said. "Yes, I'm all right, pa," and he took the quarter. He put the quarter in my stash pocket and he cupped my neck. He was bending forward and he moved me forward until our heads touched.

"Come on, Dan," he said. "We go light our sparklers for safe-and-sane Fourth."

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continued from page 41

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—Maynard Good Stoddard

Happy 58th

continued from page 49

really saved the occasion, however, and incidentally saved me a few bucks, was my original anniversary card:

"You've been my wife through thick and thin,
And though thin for years you haven't been,
You're still the apple of my eye
And will be till the day I pass on."
("Die" sounded so—so *final.*)

Actually (and I'd just as soon this went no further), I might not have gone all-out on the gifts and the dining high on the hog had it not been for the comforting thought that my bride of 58 years would be throwing up (make that "preparing") our meals, practically cost free, for the remaining eight days. The thought of my one day becoming Chief Justice of the Supreme Court would be of equal validity.

Basic supplies at the mini-mart just up the street totaled $17.23. And at the Bagel Factory a block away, if we bought a dozen we got an extra bagel free—and you know me. We added cream cheese, of course. And as long as we were there, why not sample their morning menu—just this once?

After our second breakfast of rye bagels, we put a little zip in the meal by switching to blueberry bagels. Three breakfasts of blueberry bagels, and we switched to Harry's for breakfast. Harry's was just across the street from Uncle John's, where we had been partaking of dinners. Evidently having seen us daily walking past on our way to the mall for lunch, Uncle John had cunningly stuck his menu out where dear wife would stop and be induced.

Our big excitement on day six consisted of watching the gulls compete for $17.23 worth of basic supplies and the remaining bagels.

Anyway, to make a long story sickening (if I haven't already), the only dishes my dear wife washed during the entire ten days of celebrating number 58 at our ocean-front efficiency totaled two coffee cups and one knife for spreading cream cheese. Even the coffee was instant. In her defense, however, I hasten to point out that she had to perform the task of spreading the cream cheese and stirring the coffee for five days straight.

I still say we should have had an adjustment on our bill by sparing the culinary utilities and not wearing out the dishes. I might suggest it when we go back for number 59—unless I can talk you-know-who into Ryan's and a movie.

The Critical Decision

continued from page 61

Mr. Miraly also called once to report on her condition, as I had asked him to; this was about five days before the 911 call. She was "doing OK," he said, but acknowledged her decline in speech. How was *he* doing, I asked. "I'm OK, too," he said, but I remember thinking, *He doesn't sound OK.* He sounded very depressed. Did he understand what was going to happen one day, perhaps soon? Yes, he said. He could see it coming. Did he and Mrs. Miraly make any decision about what we had discussed in the hospital? No, not yet. Does she want to be kept alive on a machine if her breathing becomes severely impaired? Almost inaudibly, he said, "No, I don't think she'd want that."

Nevertheless, she made no living

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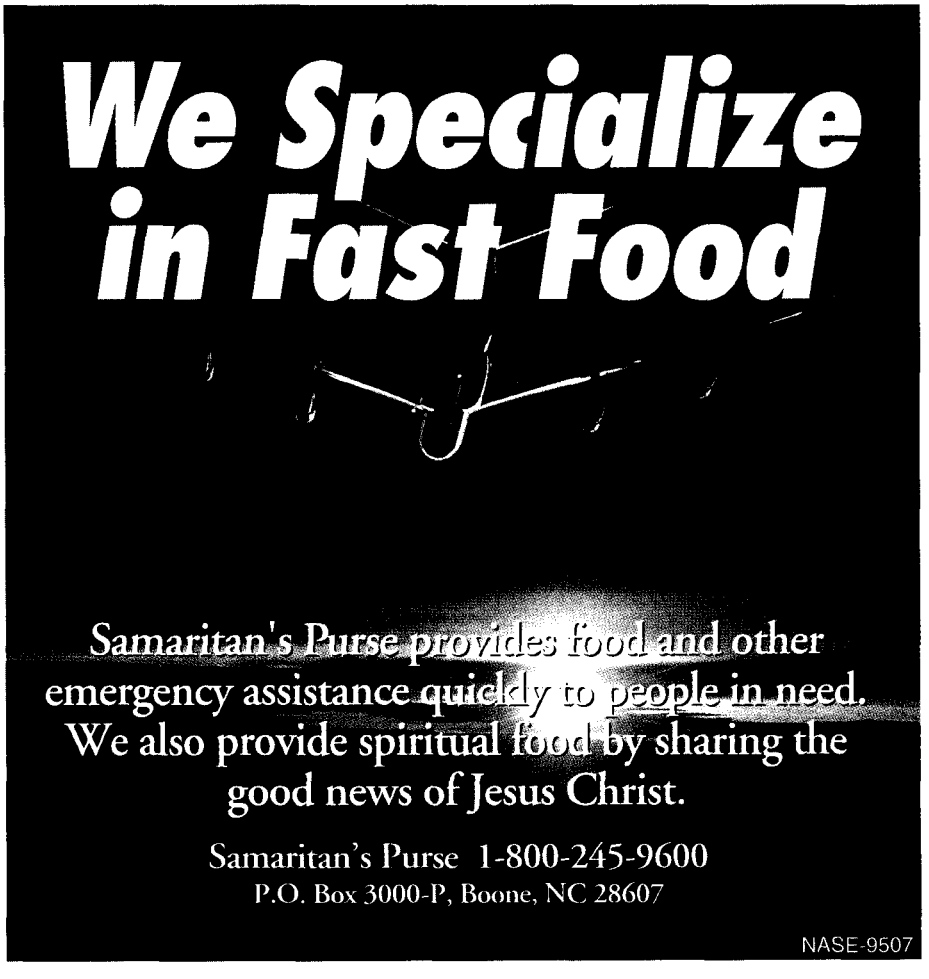
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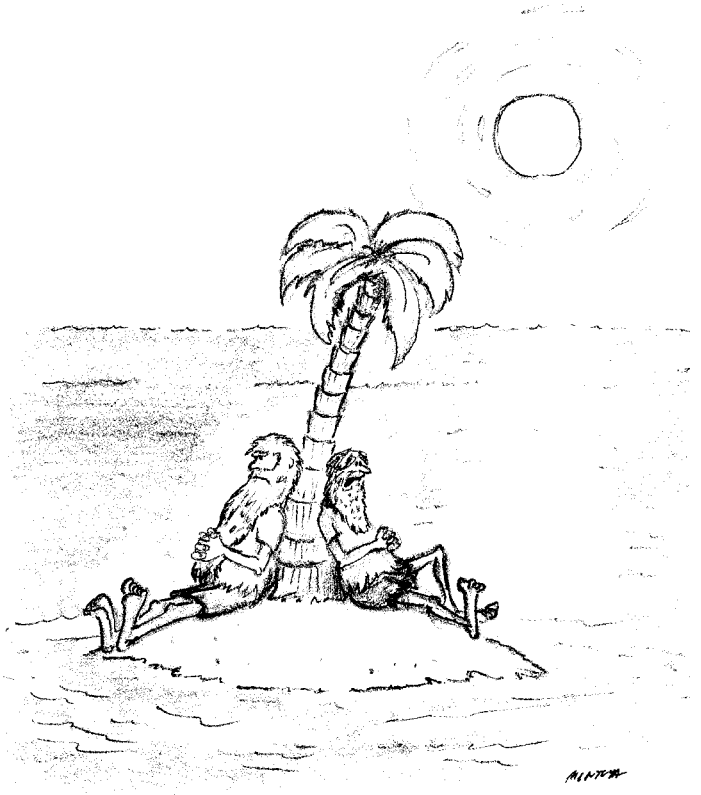
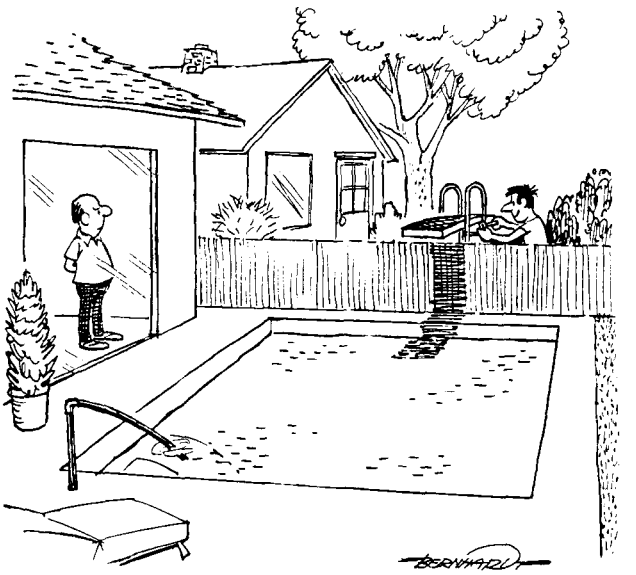
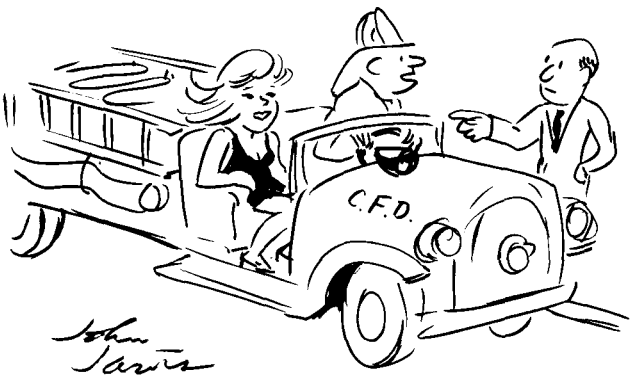
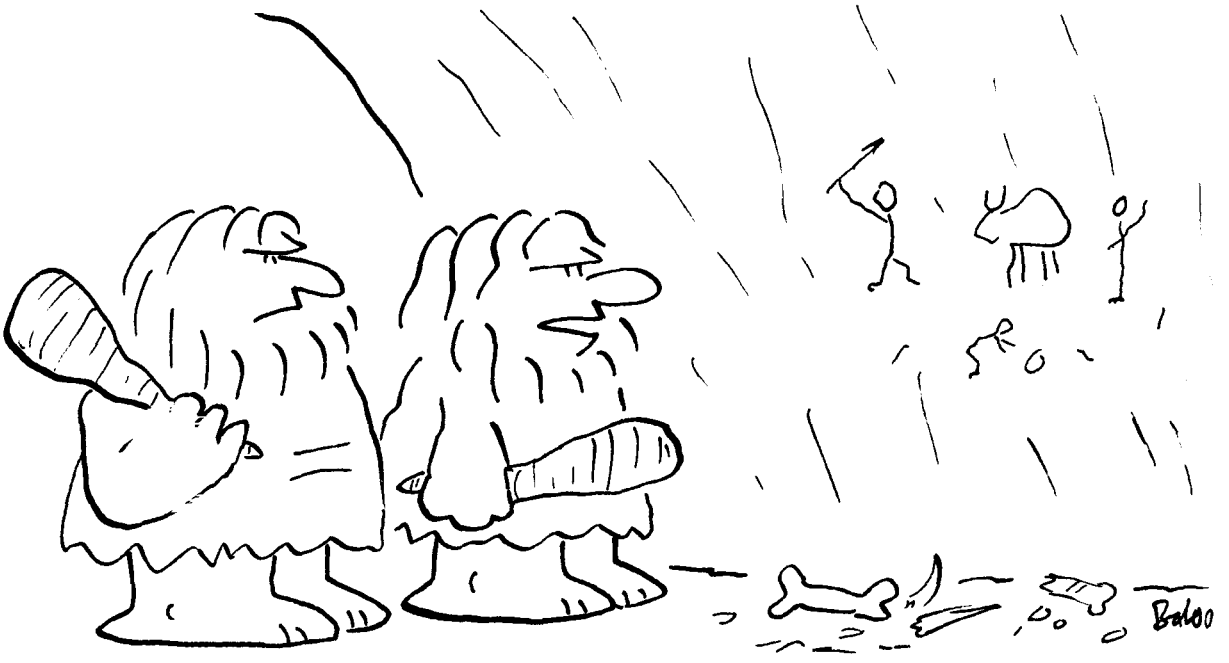


"Can you keep a secret?"





"Don't all fire trucks have sirens?"



"Broken bones, chipped flint, graffiti on the cave walls—looks like Cro-Magnon gang activity, all right."

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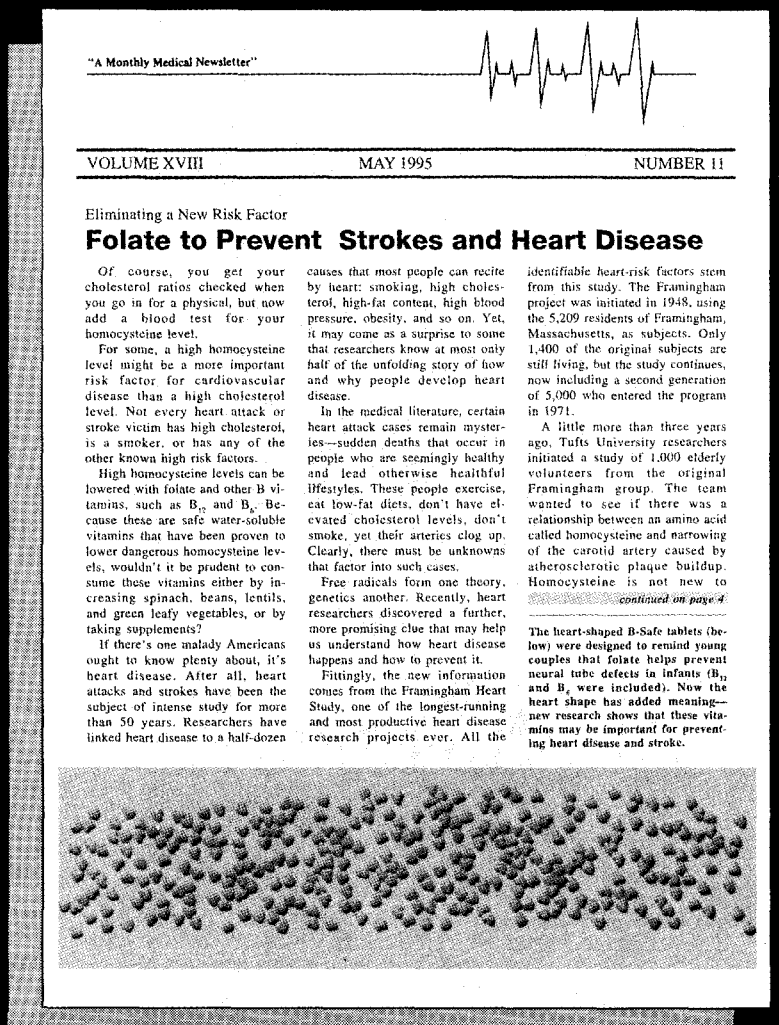

"A Monthly Medical Newsletter"

VOLUME XVIII MAY 1995 NUMBER 11

Eliminating a New Risk Factor

Folate to Prevent Strokes and Heart Disease

Of course, you get your cholesterol ratios checked when you go in for a physical, but now add a blood test for your homocysteine level.

For some, a high homocysteine level might be a more important risk factor for cardiovascular disease than a high cholesterol level. Not every heart attack or stroke victim has high cholesterol, is a smoker, or has any of the other known high risk factors.

High homocysteine levels can be lowered with folate and other B vitamins, such as B_{12} and B_6. Because these are safe water-soluble vitamins that have been proven to lower dangerous homocysteine levels, wouldn't it be prudent to consume these vitamins either by increasing spinach, beans, lentils, and green leafy vegetables, or by taking supplements?

If there's one malady Americans ought to know plenty about, it's heart disease. After all, heart attacks and strokes have been the subject of intense study for more than 50 years. Researchers have linked heart disease to a half-dozen causes that most people can recite by heart: smoking, high cholesterol, high-fat content, high blood pressure, obesity, and so on. Yet, it may come as a surprise to some that researchers know at most only half of the unfolding story of how and why people develop heart disease.

In the medical literature, certain heart attack cases remain mysteries—sudden deaths that occur in people who are seemingly healthy and lead otherwise healthful lifestyles. These people exercise, eat low-fat diets, don't have elevated cholesterol levels, don't smoke, yet their arteries clog up. Clearly, there must be unknowns that factor into such cases.

Free radicals form one theory, genetics another. Recently, heart researchers discovered a further, more promising clue that may help us understand how heart disease happens and how to prevent it.

Fittingly, the new information comes from the Framingham Heart Study, one of the longest-running and most productive heart disease research projects ever. All the identifiable heart-risk factors stem from this study. The Framingham project was initiated in 1948, using the 5,209 residents of Framingham, Massachusetts, as subjects. Only 1,400 of the original subjects are still living, but the study continues, now including a second generation of 5,000 who entered the program in 1971.

A little more than three years ago, Tufts University researchers initiated a study of 1,000 elderly volunteers from the original Framingham group. The team wanted to see if there was a relationship between an amino acid called homocysteine and narrowing of the carotid artery caused by atherosclerotic plaque buildup. Homocysteine is not new to

continued on page 4

The heart-shaped B-Safe tablets (below) were designed to remind young couples that folate helps prevent neural tube defects in infants (B_{12} and B_6 were included). Now the heart shape has added meaning—new research shows that these vitamins may be important for preventing heart disease and stroke.

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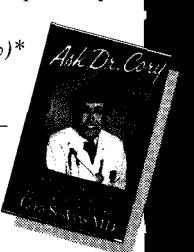

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Pinehurst:

A GOLFER'S PARADISE

The legendary North Carolina resort and country club is celebrating its 100th anniversary.

by Maynard Good Stoddard

You'd think anything pummeled daily by clubs, savaged by erratic irons, battered by Golden Rams, and trampled on by thousands for 100 years would show some wear and tear.

Nevertheless, Pinehurst Resort and Country Club, which celebrates its centennial this year, still looks as if it has just opened its doors, planted the flags, and cut the grand-opening ribbons on its seven championship golf courses.

No one could have envisioned that the sleepy little village of Pinehurst, North Carolina, would one day be home to world-class golfing and the 300-room Pinehurst resort hotel, dubbed the "White House of Golf."

Well, almost no one.

James Walker Tufts, a Boston philanthropist, first noticed the town in 1895 and bought up 5,500 acres. At a buck an acre, Tufts initially planned to convert the ruined timberland into a southern haven where his prosperous buddies could escape harsh northern winters.

Sports, of course, followed. Glancing at photos lining the hotel walls, you'll quickly surmise that tennis initially elbowed its way into favor, followed shortly by riding, polo, hunting, lawn bowling, biking, and archery. Not until 1898, when gamesmen planted the first flags in a rudimentary nine-hole course, did the sport of golf become synonymous with Pinehurst.

Even then, it was quite by accident. Guests at the new resort liked to toy with the Scottish activity at a time when few facilities existed on which to play the game. Their "experiments" went relatively unnoticed until Tufts received an angry complaint from a neighboring farmer. It seems that Pinehurst guests were hitting little white balls into his pasture and frightening his cows. Rather than rein in his guests, Tufts decided to build a place for the new game—a golf course.

Tufts invited the foremost architect of golf courses, Scottish-born Donald Ross, to Pinehurst in 1900. He stayed for 48 years. Of his 400 courses across America, Ross called Pinehurst No. 2 "the fairest test of championship golf I have ever designed." He modestly added, "The Lord made golf courses. Golf architects simply discover them."

Veteran golfers agree.

"You have to be alert and sharp for 18 consecutive holes; otherwise, it will jump up and bite you," says links great Sam Snead. "I guess that is why the experts rate No. 2 one of the ten greatest courses in the world."

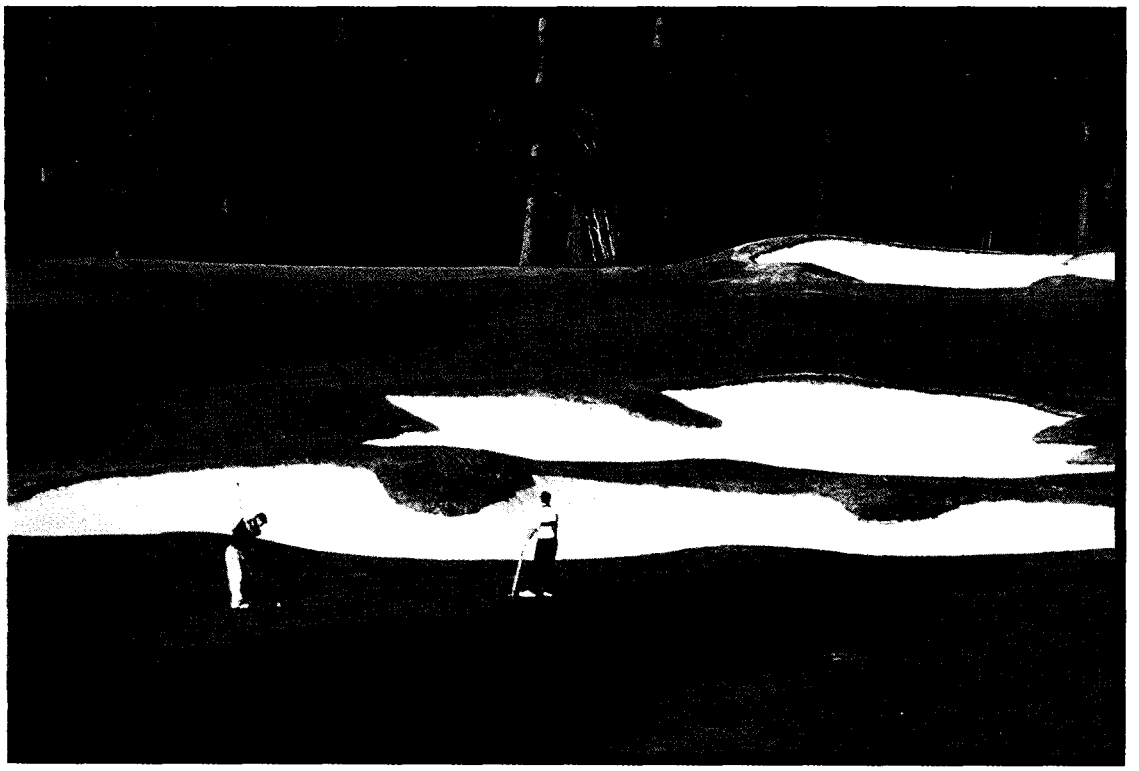
"You'll use every shot in your bag if you play just one round," adds Senior PGA Tour veteran Raymond Floyd of Pinehurst No. 2.

Perhaps no one had higher regard for the course than Ben Hogan. In 1940, Hogan nailed his first victory on the professional tour, winning the North and South Open. Admission price for the classic then was $1.25 for the first and second days and $1.50 for the championship round on day three. Hogan's share of the $4,000 total purse came to a modest $1,000.

The North and South Men's Amateur tournaments began in 1901. The intervening years have seen a beehive of bogeys and birdies (and others), intermingled with the 1951 Ryder Cup matches, the World Open, the U.S. Women's Amateur, the 1936 PGA Championship, and the 1991 and 1992 Tour Championships.

In 1994, veteran pros battled for yet another victory here in the U.S. Senior Open. And in 1999, Pinehurst No. 2 will host the prestigious U.S. Open.

Although experts play (and sweat) the challenging course, the average duffer shouldn't



Pinehurst's No. 5 course presents a variety of obstacles. The green on the 14th hole is elevated from the fairway, making club selection a real challenge.

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The Pinehurst Country Club offers seven extraordinary championship golf courses.

A horse-drawn carriage will take you back to a simpler time in New England-style Pinehurst Village.

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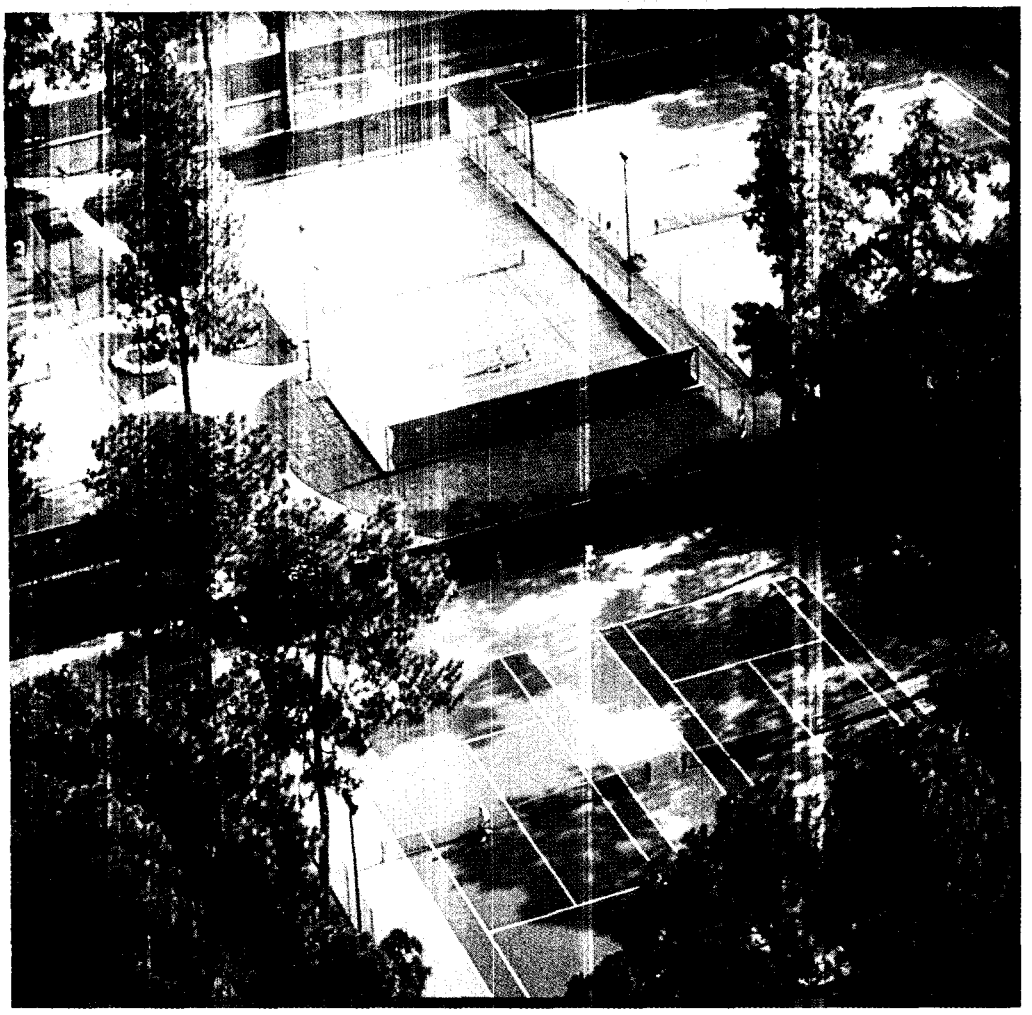

Other sports flourish here as well: Pinehurst is highly rated as a tennis resort and is also home to some of America's finest croquet tournaments.

be intimidated. Before tackling the eccentricities of the "Big One," you can get a warmup by teeing up on No. 1 or No. 3. Pro golfer Ben Crenshaw described both as having "plenty of character." Other pros simply refer to them as "the thinking man's courses."

Then there's No. 4. Once labeled "short and easy," the layout was revamped by renowned architect Robert Trent Jones, who added length, bunkers, and water just in time to challenge pros at the 1973 World Open.

No. 5 has always been long on water. Opened in 1961, the course conjures up more water hazards than any other at Pinehurst. Ponds, rills, and thrills are all here, awaiting your tremulous tee shot and prayerful approach.

To celebrate Pinehurst's 100th year, yet another challenging course will be added to the roster. Course No. 8, designed by architect Tom Fazio, is scheduled for completion this fall. With No. 8, Pinehurst offers resort players 144 holes of golf, more than any other golf resort in the world.

"There are only a few names synonymous with great golf," Fazio says. "Pinehurst is one of them."

But Pinehurst is more than just a golfer's "green" dream come true.

The hotel's deluxe rooms suggest the character and charm of a bygone era. The four-bedroom villa suites allow one to simply luxuriate. For others, there's a variety of backdrops to choose from: golf and tennis lodges and one-, two-, or three-bedroom condominiums. And the resort's convenient, world-class restaurants will satisfy the most picky (and on-the-go) of tastes.

So what if "he" plays golf but "she" doesn't? No problem. While he "irons" out his kinks on the links, she can travel to the village of Pinehurst, a charming little burg filled with antique stores, boutiques, and arts and craft shops, only a carriage ride away.

For others not content with remaining idle, Pinehurst boasts other activities, such as tennis on 24 courts (18 clay and six hard-surface), croquet, and lawn bowling. And for the interested, yet inexperienced, there's a Golf Advantage School, where after a few lessons, a timid spouse can more confidently join her husband in his relentless pursuit of par.

Kids can join in the fun as well. The resort's Summer Games programs, which run from June through Labor Day weekend, include special tours and craft classes sure to keep the kids busy, entertained, and exhausted. A 200-acre freshwater lake boasts sandy beaches, sailing, canoeing, swimming, and fishing. Later in the evening, youngsters can check out the first-run movies, allowing mom and dad a quiet moment together.

Join the Duponts, the Rockefellers and the Morgans—the first families of America's bygone days—and stroll the beautiful grounds of Pinehurst. Imagine Will Rogers playing polo and Amelia Earhart landing her plane on the Pinehurst strip. Learn what many—such as Gerald Ford, Michael Jordan, Yogi Berra, and Billy Graham—have learned: Pinehurst is a place where "the cares that infest the day fold their tents and silently steal away."

For more information, call 1-800-ITS-GOLF.

Centennial Events Calendar

1. Independence Weekend Centennial Celebration
June 30 - July 4

2. USTA League Championships
July 7 - 9

3. Labor Day Wine Festival
August 30 - September 4

4. N.C. American Croquet Rules Championships
September 5 - 8

5. USTA 75 & 85 Men's National Clay Court Championship
September 19 - 24

6. Village of Pinehurst Fall Fair & Harvest Ball
November 3 - 4

7. 44th North & South Senior Men's Amateur Championship
November 6 - 9

8. N.C. Symphony Thanksgiving Concert
November 22

9. Thanksgiving at Pinehurst
November 22 - 26

10. Country Boys Croquet Tournament
November 30 - December 3

11. Pinehurst Twelve Days of Christmas
December weekends beginning November 30 - December 2

12. 48th Donald Ross Junior Championship
December 26 - 29

13. Party In The Pines - New Year's Eve At Pinehurst
December 29 - January 1

14. Jazz In January
January 26 - 28

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Where Do You Think You Are?

(answers from page 80)

(Theme: Towns with car names)

1. Cord, AR
2. Auburn, IN
3. Mercedes, TX
4. Olds, IA
5. Chrysler, AL
6. Mercury, NV
7. Dodge, WI
8. De Soto, IL
9. Ford, KS

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The Critical Decision

continued from page 71

will, and I never did get to talk to her.

I pull the car up to Doctor's Parking behind the ED and rush in. It is about 1:00 a.m. and the place is quiet; maybe four or five patients are being seen. I ask the triage nurse, Rebecca, where my patient is.

"Room five. Dr. Stanton's in there now." I can see the waiting area where Mr. Miraly is sitting, but he can't see me. I go straight to the room.

She is lying on a hospital stretcher, her head turned to the left. An ED nurse is taking her vital signs, and Dr. Stanton is listening to her lungs. She is pale, gaunt, ashen, diaphoretic. She has sunken cheeks and is breathing fast: all the ways to describe a patient acutely and chronically ill, perhaps even dying. She is at least 15 pounds lighter than last month.

I introduce myself to Dr. Stanton, and we shake hands.

"Larry, we've just started some IV fluids," he says. "We've sent a blood gas, and she just had a chest x-ray. She's only been here a few minutes. I think she's going to need intubation. What's the situation? She's only 57."

He means: She looks a lot older than 57, maybe 77. Do we intubate this young-old patient with known ALS, connect her to a breathing machine, and send her to intensive care? Or do we not intubate and send her to a regular medical ward, where she will be made comfortable but surely die soon? Had I not called ahead, she would already have been intubated, no doubt, but he has held off—waiting for me. He feels responsible for her care at the moment and wants to get the issue resolved. He doesn't want her to die in his ED. Above all, he wants to do the right thing.

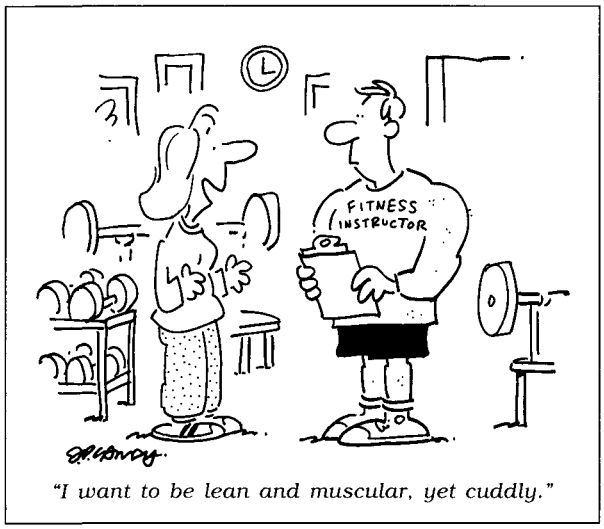
"Yes, she's 57, Roger. And I honestly don't know the situation. I've talked to them frequently about this happening from ALS, told them what to expect, but they haven't made any decision yet."

"How are they leaning? Because I think we have to decide one way or the other, and soon."

"I know. Let me talk to Mr. Miraly again. I'll take responsibility for this."

Roger leaves to see someone else in the ED, and I move to the bedside to examine Mrs. Miraly more closely. I listen to her heart and lungs, check her abdomen, review the chest x-ray. Everything points to pneumonia in one lung, presumably from aspiration; her muscles are too weak to allow her to cough and clear secretions, and these secretions have become infected. It is a common scenario.

Rebecca comes in with Mrs. Miraly's blood-gas results. They confirm respiratory failure—her CO_2 level is very high—and the need for intubation and a ventilator if she is to have a chance of survival.



"I want to be lean and muscular, yet cuddly."

I look at my patient and rhetorically ask, "Mrs. Miraly, do you recognize me?" She stares past me, unable to make eye contact.

"Can you hear me?"

She does not respond. Covering her face is a loose-fitting, lucent-green oxygen mask. The mask hisses quietly. The only other sounds are her own breathing and the beep-beep-beep of her oxygen monitor. Her cognition is gone, and she can no longer participate in end-of-life decisions. I chance that, in the next few minutes at least, she will not stop breathing, and I go out to meet with Mr. Miraly. (In the meantime, Mrs. Miraly's nurse will check vital signs.) This time, I would rather talk to Mr. Miraly away from her bedside.

"Mr. Miraly, Mrs. Miraly looks very bad. She is dying. If we intubate her—put that tube in her throat like she had last month—she will end up on the breathing machine the rest of her life. You know we talked about this possibility. Did she make any decision about this? Did you two ever discuss it?"

There is no answer. His face is weary, eyes slightly bloodshot. He has a large, bushy mustache and a full head of black hair, which make him look younger than his wife, even before she became ill. I have time to study his face because he only stares at me after my question, as if I had another one to follow.

I don't. After perhaps half a minute, he responds with a non sequitur in that low, almost inaudible voice. "She was a beautiful woman, Dr. Martin. A beautiful woman. You didn't know Angela. Where did this come from, this Lou Gehrig disease? What did she do wrong? She doesn't drink, she doesn't smoke. Why should she live connected to any machine? But how can I let her die like this?"

"It may be best to go this way, Mr. Miraly. Most patients with this disease die of pneumonia. We can give her antibiotics and make her comfortable and sedate her so she doesn't feel short of breath, so she won't feel any pain."

He shows me a picture taken ten years ago of the two of them at a wedding. In the photo, she is thin and pretty, and they are both smiling, happy. The thought enters my head that I don't know these people at all, only her disease and how it is destroying her body.

"Did she talk to your children about this, I mean about making this type of decision?"

"They don't know she's here now. I don't want to call them now. It's one in the morning." He has not answered my question, so I guess the answer is no.

"Mr. Miraly, should we make her DNR [do not resuscitate] and just treat her with antibiotics and no intubation? Is that what she would want us to do, Mr. Miraly? Or does she want to live on the breathing machine?"

"I don't know. What do you think we should do?"

"Mr. Miraly, we've talked about this before. It's not my decision. I think you have to understand the options. She'll die if we don't put the tube in, but if we do and she recovers from this pneumonia, she will remain on the breathing machine. Then she'll be bedridden, but alert. We'll have to do a

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tracheostomy to put the breathing tube in her neck and place a feeding tube into her stomach. She'll need a nursing home. And she'll die eventually, with all these tubes. You need to realize this is how it will be. Is this what she would have wanted? You said she didn't want to live like that?"

"I don't know," he mumbles.

"Did you talk about it with her at all?"

"No, I don't think so."

I remain silent. After another long pause, he says, "Doctor, these last few weeks have not been good to her. I don't have my Angela anymore. Do whatever you think is best."

I suddenly appreciate that he is no longer involved, that I am getting nowhere. It is somewhat surprising that he has not asked to see her in the treatment room. He knows she is yet alive, and I assume he is fearful of what he'll see; he can no longer deal with what has happened to the both of them. For different reasons, patient *and* husband are incapable of making end-of-life decisions. If words alone are important, I can obtain any answer I wish to hear. By posing questions a certain way, I can get him to mouth words, but they will be without conviction. Realistically, there is no reason to continue this dialogue. I am at the point where it is *up to me*. Let her die of natural causes, humanely, or subject her to machines, tubes, and life support for as long as her body can hold out.

"Then I'll decide; is that what you want Mr. Miraly? Do you want for me to decide?"

"Yes, you decide, Doctor. Do what's best, Doctor, please."

The waiting room is virtually empty, and we are sitting side by side on a long row of hard, plastic seats. I need a witness and call Rebecca over; for the moment, she is not busy. Apart from registering Mrs. Miraly upon arrival, Rebecca does not know her problem in any detail (a different ED nurse is providing care as I speak with Mr. Miraly). Rebecca sits down on another seat directly opposite us. Like Roger, she is in her late 20s. She has worked as a triage nurse in the ED for about a year. I don't know if she has ever been involved in end-of-life discussions (I doubt it, at least while a triage nurse), but she is a professional, and I just need someone to listen in. I briefly explain Mrs. Miraly's condition and our conversation, then resume my questioning.

"Mr. Miraly, I want this nurse to hear you because this is very important. You understand your wife is dying of a terminal condition?"

He looks at me and nods yes.

"She has never stated her wishes, of what to do when the end comes, is that right?"

He looks at Rebecca, then me, and again nods yes.

"Because she has a terminal condition, if I think it's best to just keep her comfortable, and not to place her on life-support machines, not to put a tube into her throat, then you go along with that, Mr. Miraly?"

"I can't believe school starts tomorrow!"

He forsakes the nod and says, "Yes, if that's for the best."

"So it's OK, then, Mr. Miraly, *not* to put Mrs. Miraly on life-support machines? Not to intubate her throat and connect her to a ventilator?"

"Yes, if that's what's best for her." Did he emphasize the "if"? I seek to clarify further.

"You understand that we'll keep her comfortable, make sure she doesn't suffer, and that she'll still be cared for in the hospital until the very end?"

"Yes, if that's what you think is best," he whispers. There is no emphasis on "if," no emphasis on "best," no emphasis on anything. He is staring at her photo and is no longer looking at me or the nurse. I ask Rebecca if she heard everything and if she has any questions for me or Mr. Miraly. This is not a deposition, only a conversation that I want witnessed. Rebecca affirms she heard him clearly and that she has no questions. I thank her and she returns to the triage desk.

The ED is quiet. In the distance, I hear an ambulance siren and, closer in, the muffled voice of the hospital operator paging a physician. I am thankful that we are alone. No one is nearby; no one is observing us. I grab his free hand and hold it tight with both my hands. His hand is limp. His head is bowed and he is crying. I am about to cry, too, but hold it back.

I envision us as posing in some modern tableau—two vulnerable people, patient's husband and doctor, one crying and one trying not to. If the scene were painted, perhaps by a modern Norman Rockwell, it would be titled *Decision Made in the ED.*

We sit still for a full minute. No more words pass between us. His mind has retreated to some happier time long past. I am not so lucky. My mind is rooted in the present, the awful decision-time present. I search for precedents and realize there are none, at least none like this. The disease may have an ineluctable natural course, but every case is different, with singular nuances of family, doctor, hospital, and location in space and time. I think to myself: *We are all unique upon the earth; disease does not change this.*

I let go of his hand. He remains silent. I get up and walk toward Mrs. Miraly's room. On the way, I glance back at Mr. Miraly. He is not watching me, only staring at his wife's picture.

My patient remains unresponsive, her breathing fast and labored. At the moment, no one else is in the room. Fluid is dripping into her veins. I glance at the vital sign sheet. Her blood pressure and heart rate are holding up.

I call Dr. Stanton and Mrs. Miraly's nurse into the room and explain my conversation with Mr. Miraly. I explain how he has agreed to do whatever I think is right for his wife. I explain how difficult this has been for both of us and what my decision is. They nod approval.

And then I intubate her.

Dr. Martin is chief of the Division of Pulmonary and Critical Care Medicine, Mt. Sinai Medical Center, One Mt. Sinai Drive, Cleveland, OH 44106. He can also be reached via CompuServe at 70530,262. This is his fifth medical story to appear in The Saturday Evening Post *since 1991.*

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Beating the Odds

continued from page 47

("Of the arm," I recall my father saying once. She apparently had refused surgery sometime before that, but exactly what kind of surgery Daddy didn't know.) A first cousin and a second cousin on my father's side died of breast cancer—one in her 30s, the other in her 40s. I didn't think that would be significant, but it was. The gene linked to ovarian cancer can be inherited from either the father or the mother. Furthermore, my surviving sister, Zoe, had a mastectomy for breast cancer four years ago. Fortunately, hers was discovered early by mammogram, and she has done well, but that had to be factored in as well.

Without a complete family pedigree, it's difficult for a geneticist to accurately assess my lifetime risk of developing ovarian cancer. It was concluded that with my family's known medical history, coupled with known statistics, my risk for getting ovarian cancer was somewhere between 7 and 45 percent, a risk factor that well supported prophylactic oophorectomy (removal of the ovaries). The psychological benefit from this preventive treatment also was considered. Dr. Timothy Jones, my primary physician-internist, concurred.

Next was an appointment with my gynecologic surgeon, Dr. John Husokowski, for his opinion and his explanation of what a laparoscopy is and what it accomplishes. It's a relatively quick surgical procedure requiring only small incisions. It lets a doctor look directly at the pelvic organs through a long, slender, fiberoptic, telescope-like instrument called a laparoscope. The organs are viewed on a screen next to the operating table. Other instruments can be used to remove abnormal tissue growths or samples for testing, block the fallopian tubes for birth control, and remove certain organs—in my case, the ovaries.

The laparoscopy is performed under general anesthesia. As soon as the patient is under, a small needle is inserted into the abdomen where carbon dioxide gas is slowly pumped in until the abdomen is inflated enough for the surgeon to have an unobstructed view of all the organs there. *Yuck!* But without that, since normally the organs are piled together, touching each other and the abdominal wall, they could not be seen from all angles. Having some space around the organs also makes any cutting simpler and safer. Most of the carbon dioxide is removed when the surgery is completed. Any remainder may cause mild neck and shoulder pain for a while, but is absorbed by the body within a day or so and causes no long-term ill effects.

I was relieved to hear that in most cases, a laparoscopy is an outpatient procedure requiring just a few hours in recovery and only five to seven days off work. However, I was dismayed to learn that having the ovaries removed is not a 100-percent guarantee that a woman won't get ovarian-type cancer!

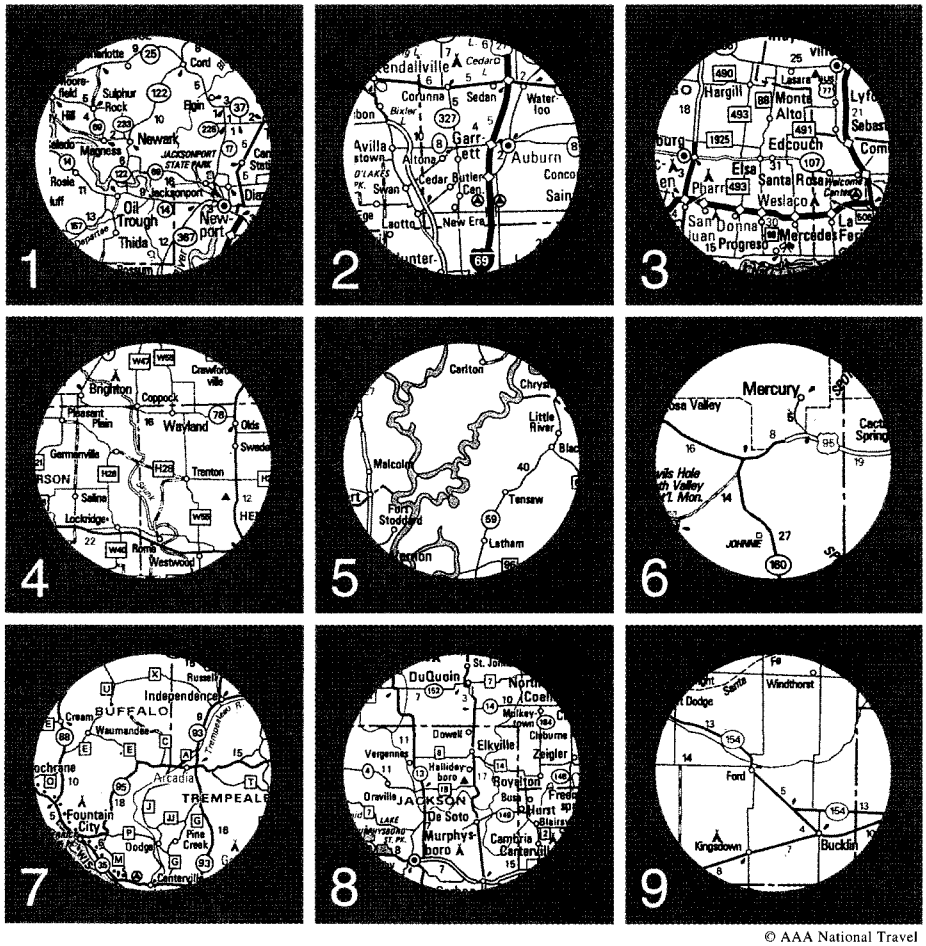
"How is that possible?" I asked. "So nothing can save me from that fate, not even surgery?"

"Even though a woman's ovaries may be normal at the time of her prophylactic surgery," he said, "there still exists the potential that she could develop a particular type of cancer (mesothelial cystadenocarcinoma) that looks and behaves like an advanced metastatic ovarian cancer."

"Then what's the point of having my ovaries out?" I asked. "I could get *that* kind."

He felt the chances of that would be extremely low because it's a very rare type of cancer—so infrequent that it's difficult to assess its occurrence rate. I was reassured.

Now it was decision time. Should I have this surgery? Should I put myself at risk with an operation that was not required? There's always some risk when general anesthesia is administered and vital areas are entered with sharp instruments, regardless of how



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Where do you think you are?

East or West, North or South, each of the distinctive areas above appears on the map of a single city, state, or province. In terms of routes, state parks, mountains, and memorials, there is, as the saying goes, "no place like it." Can you identify these locations? If you find the game too easy (but you won't), try to guess the theme of this month's map game.

(Answers on page 77)

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sophisticated they might be—or how capable are the hands directing them. The decision would be mine alone—not the geneticist's, not the doctors'. Nor could it be made by the long-standing, trusted advisor who shared my life—my husband, Dave.

What were the options? Besides my yearly mammogram, regular medical appointments to monitor my blood pressure and cholesterol, plus appointments for the inevitable minor maladies that would crop up, I would need to have the vigorous medical surveillance advised for women with my family's cancer history. Currently, such vigil means a pelvic exam every six months, with transvaginal ultrasound screening beforehand; a blood test to detect CA-125 (an antibody protein that may or may not indicate ovarian cancer); and color-flow Doppler imaging, to see if there's abnormal blood flow to the ovaries (ovarian cancers develop new blood vessels to feed them). The frequent appointments could be managed, and I am fortunate to have good medical insurance to cover the cost. But always in my mind, particularly as the continual appointment times approached, would be that fear: *Will I have it?*

I finally asked myself these pertinent questions and mulled them over with Dave, who would be affected also. Did I want to spend our soon-to-come, much-looked-forward-to "golden" retirement years battling my odds for ovarian cancer? And at that, a battle I could well lose after dragging us both through months of misery? Or did I want to beat those odds?

I wanted to beat the odds.

The surgery was scheduled for mid-January. During the interim, I had a presurgery EKG and gave two pints of blood that I could receive again if needed. A longtime, dear friend from Wisconsin visited for the holidays, and the bustle and fun of Christmas with her kept at bay my apprehension about the impending surgery.

On the morning of the surgery, as I was being rolled down the hospital corridors in a wheelchair, my apprehension began to rise, and as we entered the surgery room and I saw the operating table, I briefly panicked. *(God! What am I doing? I could die in here!)* Then I remembered the alternatives and clumsily got up on the table, with the help of two strangers in white masks. Brief panic surged again when another stranger leaned down, introduced himself, and said he would be assisting Dr. Husokowski. *(Ah-ha! Just as I feared—they're going to let a resident physician* practice *on me!)* I controlled the impulse to jump off the operating table and run home, because I didn't want a discrediting note in my chart, such as "patient uncooperative." I took a deep breath and resigned myself to the anesthesia and whatever would follow.

As they say in surgery land, I tolerated the procedure well and went to the recovery room in stable condition. I awoke about two hours later feeling cold and nauseated, but grateful that it

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Send entries to: Limerick Contest, *The Saturday Evening Post*, 1100 Waterway Blvd., Indianapolis, IN 46202.

All eligible limerick entries must be postmarked by August 26, 1995.

The winner of the July/August 1995 contest will be announced in the Nov./Dec. 1995 issue.

Our congratulations and a check for $100 go to Jean Paschke of Melrose, Minnesota, for the winning entry in our March/April 1995 caption contest.

Fast Traveler's winning style shows
As off to the rat race he goes.
But he's stuck in the pack,
Yellow Cab's falling back,
And it's Lady With Dog by a nose.

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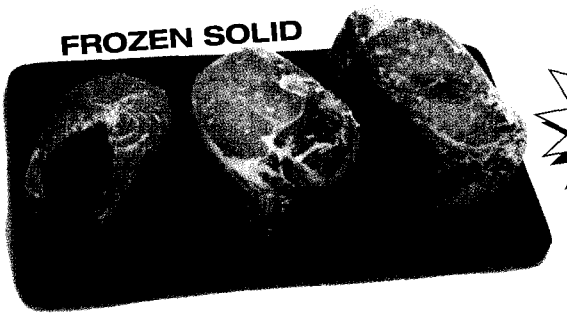

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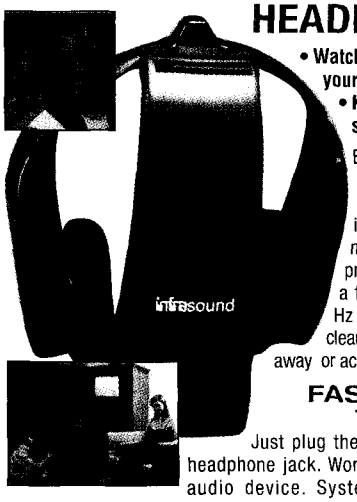

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was over and I was alive. My doctor's reassuring voice came through the mist.

"Mrs. Shuman, can you hear me? This is Dr. Husokowski. Everything went well, and everything looked normal."

I had five small incisions. There was one about a half-inch long in the bottom curve of my navel. That's where the needle was put in to inflate my abdomen. That's also where the laparoscope was inserted, encased in a tubelike instrument called a trocar, which has a sharp probe on its front end to clear the way. There were two slightly larger incisions on each side of the abdomen about two inches below the navel, as well as two tiny ones in the pubic area. These provided ports for the other instruments used. The ovaries and attached fallopian tubes were brought out through the lower incisions. The stalks left where the tubes were severed were folded down and closed with surgical staples. There had been very little bleeding, so the two pints of blood I had provided weren't needed.

My nausea continued, so it was decided I should remain in the hospital overnight on IV fluids to prevent dehydration. These fluids were successfully replaced the next morning with apple juice, broth, and Jell-O. By late afternoon, I was discharged and on my way home, looking forward to a good meal (sturdy appetites also run in my family). I didn't need the pain pills the hospital pharmacist gave me to take home. The three larger incisions were a little painful for a few days, but only when I got up out of bed or a chair, or when I bent down. The only "problem" I experienced during the recommended five-day convalescence was a guilt feeling that I was staying home from work when I felt so well. I also felt, and continue to feel, a wonderful, indescribable freedom from fear.

Many diseases and disasters are in our destiny—many of which we have no control over. However, there is one disease we do have control over: ovarian cancer. ❧

Hope for the Future

continued from page 56

the communities and countries they lived in. In fact, they were ethnic and religious minorities both in Russia and in the United States.

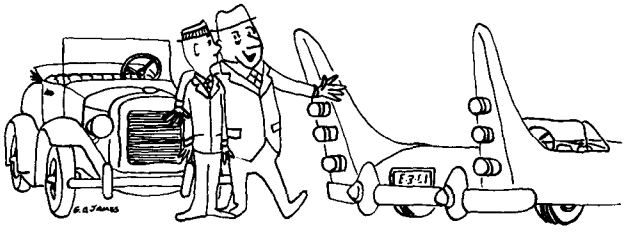
I learned that the land and culture they left was soon turned upside down and inside out by Soviet communism. Long the breadbasket of the world, the Ukraine quickly became instead the epicenter of world starvation and an immense burial ground for the "liberated" masses of Russian peasants. My humble ancestors, together with their co-immigrants, constituted only a frail transplant of the great farming culture of the Ukraine. Nevertheless, they brought enough agricultural know-how with them to this country (and enough Russian red wheat seed) that they turned Kansas into the largest wheat-producing state in the nation and the Midwest into an even greater breadbasket than the Ukraine had once been. With this new sense of heritage, I felt a deeper attachment to America and greater confidence that I could raise a family and live with a sense of pride and independence as my kin had done before me.

I continued to dabble in genealogy work for the next ten years while giving over most of my time to marriage, babies in diapers, professional work, and social and political activism. I worked in political campaigns for local, state, and national candidates and eventually landed a job in state government after supporting a reform candidate for governor. Along the way, I crusaded against drunk driving and pornography and lobbied in favor of citizen oversight of government programs.

Discovering a Bridge

In 1987, at a time of deepening cynicism about the ability of our culture to revive itself in a meaningful way, I made a discovery that motivated a return to a more intense investigation of my roots. Before this time, my mother had little understanding of the story of her father's people. I found a genealogical treatise published in 1870 that detailed the early history of people bearing my mother's maiden name. This book turned out to be a bridge between the few generations we knew something about and a dozen more generations we had known virtually nothing about. At my grandfather's funeral, I surprised the family gathered there by reciting a story over his casket that even my grandfather had not known.

Following up leads contained in this book, I was able to put together details of the lives of ancestors in an unbroken paternal line about 450 years into the past. I published a family history emphasizing our family's close connection with important epochs in American history, such as



You Be the Judge

by José Schorr

The overstocked car dealer advertised: "Don't wait for next year's models. Buy a new car today and trade it in for the next model later at no extra cost." Joe bought the current model, getting a whopping trade-in allowance on his old car. He said not a word about the ad. Two months later, when he went to trade his purchase for a brand-new model, the dealer turned him away. Joe sued.

"Joe did not come right out and say that he was buying in response to our ad," the dealer argued. "Because of that, we gave him a much bigger trade-in allowance on his old jalopy than we might otherwise have done. We closed the deal, and that was that."

"I bought the older model only because of the ad," Joe countered. "Maybe I didn't remind them that I'd be back for a new model as soon as it appeared, but they should have known it. It was their special offer, as advertised, that led me to buy when I did."

If you were the judge, would you give Joe a new-model car?

Joe got the new model. The court said that if the advertisement, instead of being a bona-fide offer, was merely intended to "lure customers" to the car lot, it was too bad for the dealer, because he could not get away with it.

Based upon a 1956 Louisiana decision.

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It's the most complete collection since the discovery of vinegar 10,000 years ago.

You'll learn how to control your appetite to lose weight with a meal-time vinegar cocktail.

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When fresh apples are allowed to ferment organically, the result is a vinegar that contains natural sediment with pectin, trace minerals, beneficial bacteria and enzymes.

And pectin helps your body reduce cholesterol levels to lower the risk of cardiovascular disease.

"The Vinegar Book" will amaze and delight you with 308 natural ways to enrich your personal life and home. Time-honored folk remedies that show step by step how to mix vinegar with other kitchen staples to:

- Improve your metabolism
- Aid digestion
- Help lower cholesterol
- Uses for middle ear problems
- Condition problem skin
- Fight age and liver spots
- Gain soft, radiant skin
- Amazing hair treatments
- Relieve nighttime leg cramps
- Soothe sprained muscles
- Fight osteoporosis with calcium
- Help headaches fade away
- Corn and callus relief
- Aid to maintain health
- Skin rashes, athlete's foot
- Relieve insect bites
- Remedy for urinary problems
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And the above is only a brief sample of the 308 uses for vinegar you'll learn about.

You'll know how grandma's recipe for her famous pie crust depends on a spoonful of apple cider vinegar.

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Try a delicious low calorie, calcium-and-iron rich chicken soup and vinegar recipe.

Combine your favorite herbs with vinegar to create tenderizers, mild laxatives, mouth washes, tension relievers, and mouthwatering tasty salad dressings and more.

Of course, we all know the cleaning power of vinegar. But Emily Thacker's research has uncovered a host of new moneysaving ways to keep your home, laundry, clothing, brass, copper and other possessions sparkling clean. And with less effort.

You'll also delight in making and bottling your own special vinegars. It's so simple to follow Emily's recipes. Homemade vinegars make such wonderful gifts. You could even end up selling your creations to food and gift shops.

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the early Puritan days, the Revolutionary War, and the Civil War. I also began research on other surname lines in my mother's family and have made progress in discovering the stories of those people as well. My wife and I now publish a regular genealogy newsletter.

A number of things stand out in my ancestors' lives that provide profound inspiration for a family man seeking answers to vital questions affecting families today. In particular, I have wondered about how to find satisfaction in professional life without essentially abandoning my wife and children, how to best educate and guide my children, and how to stop crime in my neighborhood. I was surprised at the relevance my genealogical research assumed in these kinds of concerns.

I learned that my ancestors faced similar social problems, but that they were much more courageous, creative, hardworking, and motivated people than we are today. Any incursion into the personal lives of ancestors reveals painful truths about the differences between us and them. For example, they worked extremely hard physically. They worked in agriculture or industry 10 to 18 hours a day, six days a week. Most had links to the land. They managed not quarter-acre plots, as we suburbanites do today, but tracts of dozens or hundreds of acres. They raised and educated a large number of children—often six, eight, ten, or more—in their own homes as well. When they had a moment to themselves, they continued their own education by reading serious books.

Our own lives stand in marked contrast to those of these heroic figures. We are part of the luxury-and-leisure-and-libido generation—the self-gratification people. We work eight hours a day, five days a week—if we can make it that long. We express deep frustration and resentment if we have to face a "demanding" spouse or perhaps a single child needing help with homework at the end of our eight-hour days. And rather than enrich our minds with nonfiction reading in our surprisingly many hours of free time, we deaden our sensibilities with light-minded entertainments, sleep off our misery, and head back to the assembly line the next day.

Our ancestors built American democratic civilization around the concept of family government and family economics. They almost invariably married and, invariably, stayed together in marriage. There was no war between the sexes, as there is today. There was a war only against nature, poverty, ignorance, and against any force that stood in the way of the family. I have not found a single example of divorce in my family before the 20th century.

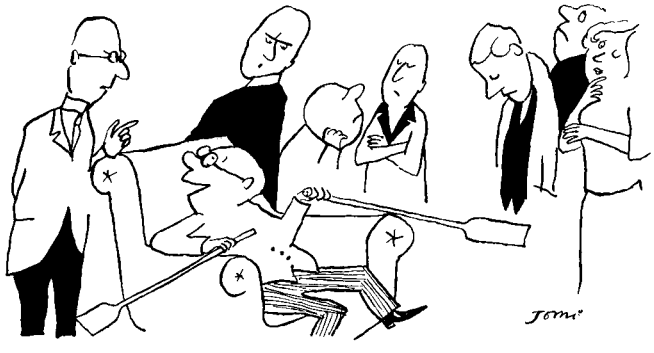
Our ancestors did not perceive children as economic liabilities. Children were economic assets—cheerful helpers in family businesses because they loved to be with their parents doing what their parents were doing. Because children were deeply loved and generally helpful to their families, parents were happy to assume full and often direct responsibility for educating them and for apprenticing them in gainful activity. Children in one of my ancestral families, for example, helped operate a bed-and-board business in the family home, besides helping operate the farm. My own father found summer work for me in the industrial operation he managed.

Honesty and Respect

I also learned that my ancestors valued integrity in business and social affairs. One line of ancestors gained a reputation for honesty that was proverbial in the communities where they lived. Along with honesty came personal responsibility. They generally did not borrow or spend beyond their means and relied on their own families to get them started again after economic failure, rather than bankruptcy laws or government bailouts. They worked together on a neighborhood level, rather than a government level, to restore properties lost or damaged through crisis or disaster. I learned that parents in more recent generations—particularly working fathers—made decisions to provide continuity and stability in family life rather than push career development to the limit.

My ancestors taught their children respect for people and property by strictly enforcing behavioral rules in the home. In doing so, they made sure it was they who provided the bulk of the necessary citizenship training for their children, and not less-trustworthy agencies. They also encouraged their children to participate in local government by setting a good example. One ancestor was recorded on the town records as having volunteered to serve for a time as one of the community's night watchmen. Volunteer policing programs like this were implemented all across America and were so successful that the colonies and states functioned for 250 years without the need for tax-supported public police forces. Another ancestor participated in every kind of local government action conceivable in the town he helped to found and settle.

My people avoided public welfare dependency in their communities by



The Perfect Squelch

No one else at the dinner party happened to be interested in boating, but that made no difference to Joe. Having just bought his first small craft, he kept the conversation steadily on the course of his new favorite subject.

After boring his fellow diners with countless port-and-starboard, fore-and-aft details, Joe launched into a description of the joys of boating and the extra relaxation it gave him. Then, setting all his conversational sails, he explained at length why a boat is a vacation must for every family.

"Just name one popular resort on the water," he said finally, "where you wouldn't have a lot more fun with a boat."

In the bored silence that followed, you could have heard a barometer drop. Then a weary listener ventured, "Niagara Falls?"

—K. M. Coggeshall

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volunteering in private social-welfare activities. Several of my ancestors either adopted orphans or sheltered single mothers and their dependent children in their own homes.

I learned that not only my Puritan ancestors in the 1600s, but my westward-moving pioneer ancestors in the middle-1800s, took a tough stand against what they considered to be idolatry—the accumulation of unnecessary personal luxuries, such as excessively fashionable and expensive clothing and jewelry. They felt, for example, that the use of hard-earned money for the purchase of fancy, layered gowns with low necklines led to a denigration of secular and religious teachings about the basis for proper family formation. One of my great-great-grandfathers did not like the new form-fitting fashion for women available during the 1850s—especially showy dresses with elastic waistbands. Seeing a daughter in a public place wearing such a dress, he walked up behind her, took out a knife, and cut the elastic band. But sexual morality was not this man's only concern. He also felt that such expenditures diminished an individual's ability to serve the needs of the poor.

From my ancestors, I learned something about the American dream of free exercise of religion. I learned that it is important to have a significant degree of tolerance for religious differences in any society, because virtually every family is an interfaith community within itself. Although there were many Mennonites on my father's side of the family, and many Mormons on my mother's side, I found also Lutherans, Methodists, Christian Scientists, Congregationalists, and a variety of other churched and unchurched family members as well. If one added in all the faiths adhered to by living cousins today, the list would be greatly expanded. I also learned, however, that one important limitation on interfaith tolerance was well understood: toleration ended when individuals or groups offended against precepts inherent in the Ten Commandments.

An Extraordinary Heritage

Through my research, I have found that my ancestors played a significant role in settlement and development of a number of geographic regions and particular states, including Massachusetts and Connecticut, New York and Michigan, Utah and Idaho, New Mexico and Arizona. I learned that my mundane existence today in the workaday 1990s was linked not only to these states, but to the fascinating national histories of England, Scotland, the Netherlands, Germany, Poland, and Russia. Discovering this has stimulated in me a desire to study foreign languages and expose my children to them.

Looking into the personal past provides benefits for the personal present as well. Genealogical research served as a vehicle to bring me into close and regular contact with my parents, who live a thousand miles away. My parents were flattered to have someone look into their roots. They appreciated the results of our work so much that they began compensating our time and expenses.

In sum, an ordinary person or family can discover an extraordinary heritage through genealogy. Family history work makes a person much less a stranger in this often strange land of ours. It reverses the depreciation of self that individuals and families experience in today's soulless culture. It associates one with a family of kin capable of bestowing upon us new and lasting forms of inheritance—forms of wealth called wisdom and belonging.

Genealogy work transports one squarely into the decisive days of our nation's history and gives one as many reasons to want to know more about that history as there are relatives found making it. It also brings one closer to the surprisingly numerous and diverse community of one's own extended families in the present day.

Family research has potential to give great encouragement to people struggling today for cultural, social, political, economic, and religious renewal in America. One learns our ancestors had powerful commitments to a surprisingly effective way of life. The details of their lives provide us with clues about how we can solve problems and regain lost cultural ground.

Finally, genealogy helps us to understand the magnitude of work poured into the social structure, the political system, and the economic apparatus of our country. It turns out that our ancestors individually were deeply involved in that work. We,

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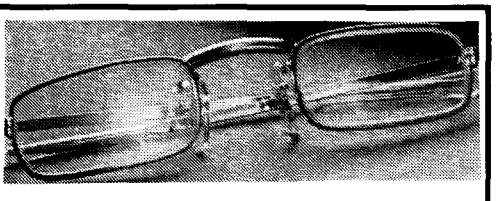

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their offspring, are the rightful heirs of their dreams and labors, and we, individually, must secure that investment or risk starting over anew.

Robert Kimball Shinkoskey holds an M.B.A. from Brigham Young University and an M.P.H. from the University of Texas. This article originally appeared in The Family in America, *a publication of the Rockford Institute.*

Dick Clark

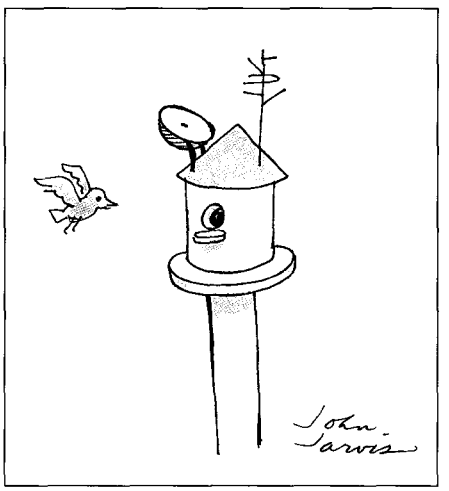
continued from page 34

stroll side by side without comment or boycott from viewers and sponsors. Not so easily accepted was his decision to take his racially mixed bus tour, Dick Clark's Caravan of Stars, into the segregated South of the late '50s. At more than one stop, they were threatened, called "Freedom Riders," and denied restaurant and hotel service.

"I have a huge poster in my office that says 'Don't Play Negro Records' and lists in bilious language all the bad things that the music will do to you," says Clark. "This was typical of the posters we saw when we took our bus to the Southeast. Today, when young African-Americans stop by to see me, I show them the poster and say, 'Take a good look at that.' I do it because not enough young blacks appreciate what the generation right before them endured. A lot of their mothers, fathers, aunts, and uncles paid heavy, heavy dues to get them where they are today."

Less incendiary memorabilia have found a very different home. Dick Clark's American Bandstand Grills—located in Kansas City, Indianapolis, Reno, Nevada, and Columbus, Ohio—are sacred ground for anyone who ever swooned over Fabian, did the pony in a felt skirt, and can lip-sync all of Frankie Avalon's greatest hits. Besides vintage photos and contracts signed by "Bandstand" stars, the dining rooms are decorated with one-of-a-kind oddities—Chubby Checker's checkered boots, Prince's *Purple Rain* tour jacket, Elton John's glitter shirt, and the world's largest electric guitar (weight: 1,865 pounds). The food is all-American, and the drinks are all "Bandstand." Adventuresome fans can wash down their standard burgers and fries with a Splish Splash, Dream Lover, Blue Suede Shoes, or Great Balls of Fire.

Although the restaurant menus are based on his favorite foods, Clark has reluctantly changed his diet in recent years. To the inevitable question ("How do you stay so young?"), he jokes that he keeps an open mind and a closed refrigerator. Cigarettes and alcohol are sins of the past; he's cut back on sugar and fat and steps on the scales every morning. Of average height (5'9½" in wing tips), he keeps within two pounds of his target weight and boasts he's only 25 pounds heavier than the day he finished high school. His frequent appearances on television are "a blessing and a curse," because the camera accentuates every wrinkle and bulge. "Watching yourself on TV is worse than looking in a mirror," he says with a groan. "You can't pose, suck in your cheeks, and pull in your stomach." Instead, he and Kari



count calories, lift weights, and avoid the junk food.

His youthful image also is linked to his youthful attitude. He stays ahead of the trends by reading everything from teen magazines to foreign business publications. Given the choice, he prefers the company of younger friends because, he says, they are more vibrant and less likely to be jaundiced by their experiences.

"The tendency is for most people to shrink in their older years," he says. "As we age, we often become stooped—not only physically, but mentally. The mind atrophies. Some of this is out of our control, but to some extent, we can keep our minds agile by exercising them."

And by that yardstick, "America's oldest teenager" will stay young forever. At 65, he dabbles in dozens of projects and still manages to keep 500 employees busy. He claims he loves his work and will never retire, but no, he's not a workaholic. That label used to fit, but now he takes pride in scheduling frequent vacations and "dropping out at a moment's notice" to nap, read a book, garden, paint, or listen to music. He's not even sure "entrepreneur" appropriately describes his penchant for pursuing diverse projects and interests. He has another theory.

"It's one of two things," he quips. "Either it's an indication of a mind that has a voracious appetite for activity, or it's a sign of a person who can't organize his thoughts very well. Maybe it's a little bit of both."

Better Sandwich

continued from page 18

Reduce heat to low and cook 10 more minutes. Serve with tomato pesto.

Per Serving (2 patties, without pesto):
Calories: 180 Carbohydrate: 15.4 gm
Cholesterol: 0 mg Protein: 12.8 gm
Sodium: 373 mg Fat: 8.4 gm
Diabetic exchange: Plain patties: 1 bread + 1½ medium-fat meat

Horseradish Mustard Spread

(Makes about 1¼ cup)

¾ cup fat-free mayonnaise or salad dressing
¼ cup ground horseradish
¼ cup brown mustard

Combine ingredients in bowl until blended. Store in tightly capped jar.

Per Serving (1 tablespoon):
Calories: 13 Carbohydrate: 2.2 gm
Cholesterol: 0 mg Protein: 0.1 gm
Sodium: 165 mg Fat: 0.2 gm
Diabetic exchange: 1 tablespoon is "free"

Mock Egg Salad Sandwich

(Makes 4 servings)

2 cups egg substitute or 8 egg whites + 3 drops yellow food color
½ cup chopped celery
½ cup chopped green onions
½ cup chopped green bell pepper
4 tablespoons nonfat mayonnaise or salad dressing
2 tablespoons nonfat yogurt
¼ teaspoon black pepper
1 teaspoon Grey Poupon Parisian spicy brown mustard
8 slices whole-grain bread

Place egg substitute or egg whites and food color in skillet sprayed with noncaloric vegetable-based spray over medium heat. Cook to scrambled-egg

continued on page 95

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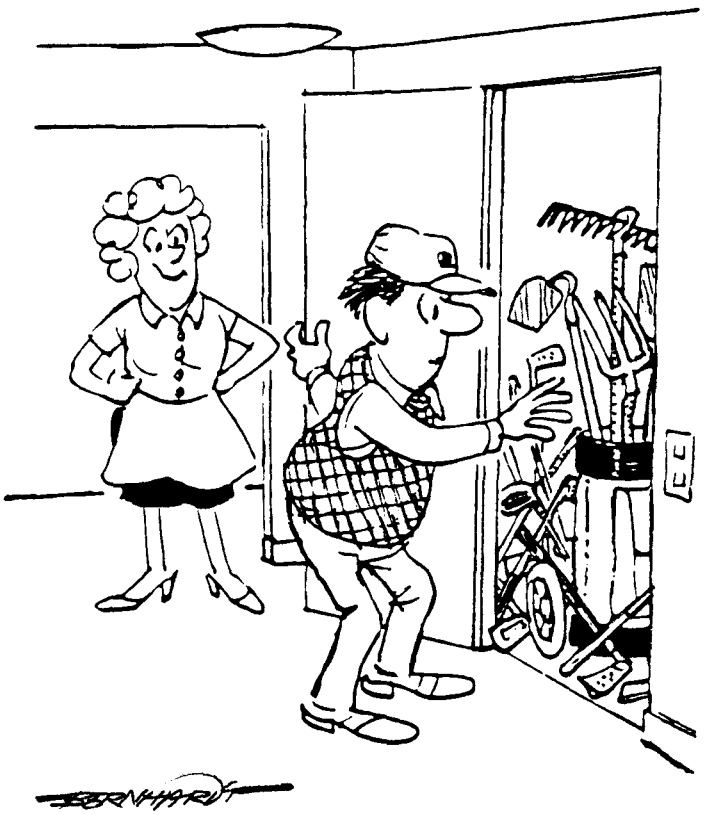
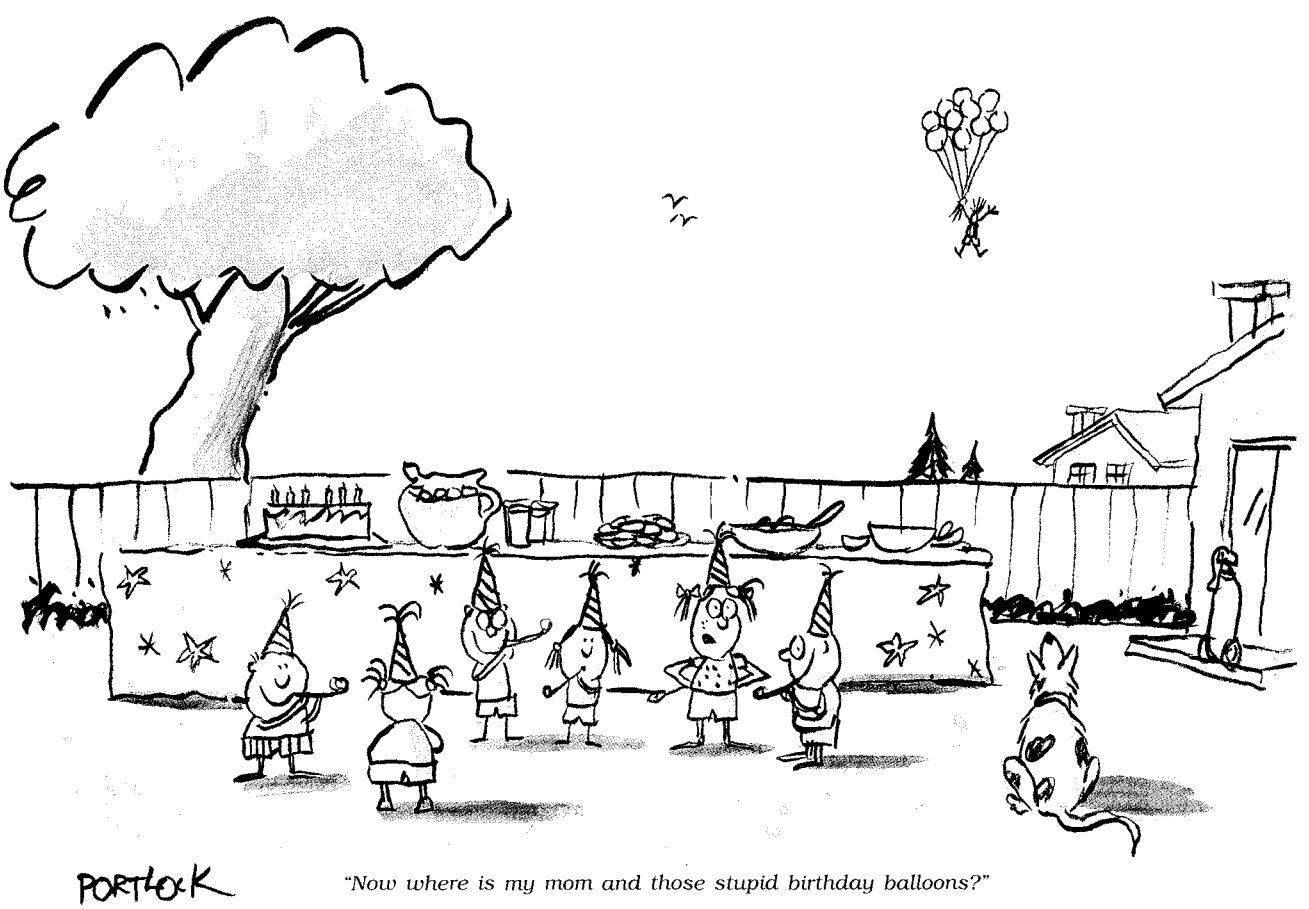
SUMMERTIME BLUES

"George and I haven't traveled by car since the map-folding incident of '84."





"Now where is my mom and those stupid birthday balloons?"

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MEDICAL MAILBOX

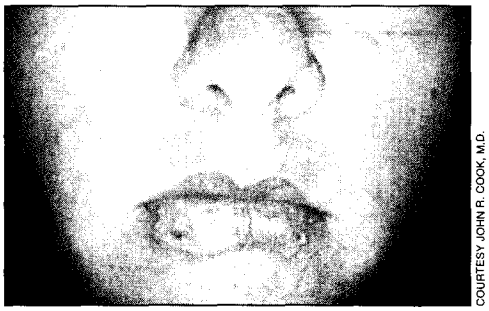
by Cory SerVaas M.D.

"You will observe with concern how long a useful truth may be known and exist, before it is generally received and practiced on."—*Benjamin Franklin*

Lysine Research Volunteers Needed

We are currently recruiting volunteers for a very important study to test the effect of the amino acid L-lysine as a dietary supplement to prevent and treat fever blisters, cold sores, or canker sores. They appear on the lips and are caused by the herpes simplex virus.

Our research will involve studying persons who will be given varying doses of L-lysine, with reduction of arginine in the diet. Dr. Christopher Kagan will plan the study based on the scientific work of Dr. Arthur Norins of Indiana University and the late Dr. Richard Griffith, formerly of Eli Lilly & Company.

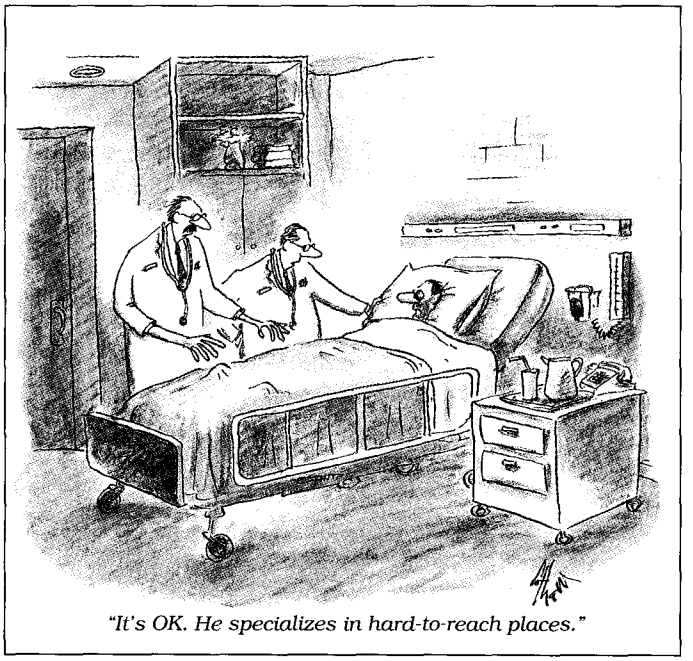


COURTESY JOHN R. COOK, M.D.

Unsightly fever blisters caused by herpes simplex are preventable and treatable with L-lysine and a low-arginine diet.

Dr. Barry Marshall has an ingenious plan to procure accurate data from volunteers. Participants who are plagued with recurrent bouts of fever blisters will be started on the protocol and will be called at regular intervals to report the status of outbreaks. They will answer a series of questions by automated equipment that will feed the answers directly into his computer.

There have been insufficient scientific double-blind studies to discover how effective lysine is in the prevention and treatment of fever blisters. This is unfortunate because, until such work is done, the FDA doesn't permit claims to be made so that physicians will feel comfortable in recommending lysine to their patients.



"It's OK. He specializes in hard-to-reach places."

If you suffer from fever blisters, or know someone who does, you could help yourself and fellow sufferers by volunteering your time in this study. The lysine will be sent to you at no cost. Just write to Lysine Research, c/o *The Saturday Evening Post*, 1100 Waterway Blvd., Indianapolis, IN 46202 or call 1-800-558-2376 and give your name and telephone number.

Harmless Hemoglobin Disorders

We recently received letters from two grandmothers concerned about hemoglobin disorders in their grandchildren.

We commend these writers for becoming the family historians who will make sure that the facts are known about harmless or not-so-harmless genetic abnormalities.

Research and documentation of these harmless disorders may be useful should these children ever try to give blood as adults and be turned down by a donor center that does not understand their benign conditions. The information following the letters might be most helpful when presented to a blood-donor center someday.

Dear Dr. SerVaas:

Our granddaughter has been told that her six-month-old son, Cole Benesh, has fetal cells still in his blood. After tests, she was informed that he has hemoglobin F, but that it is a cultural thing that will not lead to physical or mental problems.

However, it does lead to many questions: Will he always have fetal cells in his blood? Will he be able to donate blood or receive transfusions? Is this something that will be passed to future generations? If so, will it lead to more serious problems for them?

Can you suggest where we might secure material that will help us understand this condition better?

Mrs. Miller Pope
Corpus Christi, Texas

We sent your letter to Dr. Charles M. Rubin of the pediatric hematology-oncology unit at the University of Chicago Medical Center. Dr. Rubin responds:

"Hemoglobin is the molecule that carries oxygen in red blood cells. Before birth, the type of hemoglobin that is present is hemoglobin F. During adult life, the type of hemoglobin that is present is hemoglobin A. The switch from hemoglobin F to hemoglobin A begins at birth and usually is complete by the end of the first year of life. Failure of switching can occur due to a fairly rare condition known as *hereditary persistence of fetal hemoglobin*. If the gene for this condition is inherited from only one parent, half of the hemoglobin in the child's blood is F and half is A

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(known as the heterozygous form). If the gene comes from both parents, all of the hemoglobin in the child's blood is F (the homozygous form).

"To answer the good questions posed by Mrs. Pope: The child always will have the fetal cells in his blood, *and he will be able to receive transfusions without problem.* Since it is genetic, the condition can be passed on to future generations, but will not cause any problems for offspring of the child. I am not sure whether the child would be allowed to be a blood donor, because not every blood-donor center will understand the condition. *However, if he does donate blood, it is perfectly safe for transfusion into another individual.* Unfortunately, I am not aware of any material written in lay language to explain this condition. The reason is that the condition is rare and also because it causes no medical problems.

"One additional point related to females with this condition: If all of her hemoglobin is type F, there may be concern for her offspring during fetal life. Hemoglobin F binds oxygen more tightly than hemoglobin A. This is thought to help the unborn child get oxygen from the mother. If both mother and fetus have hemoglobin F and these bind oxygen with the same strength, it may be harder for the fetus to get maternal oxygen. In some cases, the pregnant mother has been treated aggressively with exchange transfusion to temporarily convert her blood to hemoglobin A. In other cases, nothing was done. Normal, healthy babies have been born, regardless. The problem is that there are too few cases to be absolutely certain that it is safe to withhold treatment. In any case, if the child referred to in the letter has a female relative with the double-dose form of the condition, that woman should consult a hematologist before or early in pregnancy."

Hemoglobin G was detected after the birth of Dillon Haynes (left). Cole Benesh (right) was diagnosed with hemoglobin F. These medical curiosities are not associated with any health problems. Yes, these children can become blood donors when they grow up.

Dear Dr. SerVaas:

We have a daughter stationed in Japan with her Air Force husband. Recently, their ten-month-old son, Dillon Haynes, was diagnosed as having hemoglobin "G." Can you help us, please? What is hemoglobin G, and is it harmful to our grandson?

Evelyn Richter
Center Point, Texas

We asked Dr. Rubin to answer your letter, also. He told us that there are many such variants of normal hemoglobin.

"Some of these variants have serious medical consequences, and some are curiosities only. Fortunately, hemoglobin G, usually referred to by its complete name of hemoglobin G Philadelphia, is generally of no medical significance.

"Discovery of these conditions occurs during routine screening programs. People affected by either are usually not anemic, unless there is another problem present. No symptoms or physiologic impairment have been associated with the disorders."

Oral Contraceptives and Risk of Breast Cancer

Some women who use birth-control pills may be increasing their risk of developing breast cancer, according to research from the Netherlands Oral Contraceptives and Breast Cancer Study Group. Since the introduction of birth-control pills 35 years ago, higher risks of breast cancer have been reported for certain women. The Netherlands group has been working to better identify those women. Their recent findings were reported in the medical journal *The Lancet.*

Women with breast cancer were paired with 918 randomly selected women of the same age, and all were questioned about use of birth-control pills. Results demonstrated that when and how long a woman took birth-control pills had an effect on her risk of developing breast cancer. Birth-control pill use did not affect breast cancer risk in women ages 36 to 45. However, compared with shorter use, women using oral contraceptives for four or more years were twice as likely to develop breast cancer before age 36, particularly if birth-control pills were taken before age 20. Women ages 46 to 54 using the pills for more than 12 years were twice as likely to develop breast cancer as women who never used them. Also, a higher incidence of breast cancer was found among the group who had used birth-control pills

"Nice to meet you, Mr. Holtz. Your wife told me she had married a fixer-upper."

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within the previous three years.

Further study of the effect of timing and duration of birth-control pill use on the development of breast cancer at various ages is essential. The National Cancer Institute estimates one of every eight women will develop breast cancer sometime in her lifetime. Much needs to be learned about why breast cancer is becoming more prevalent in American women. If, when, and how to use birth-control pills should be a well-informed decision.

Headaches

Dear Dr. SerVaas:

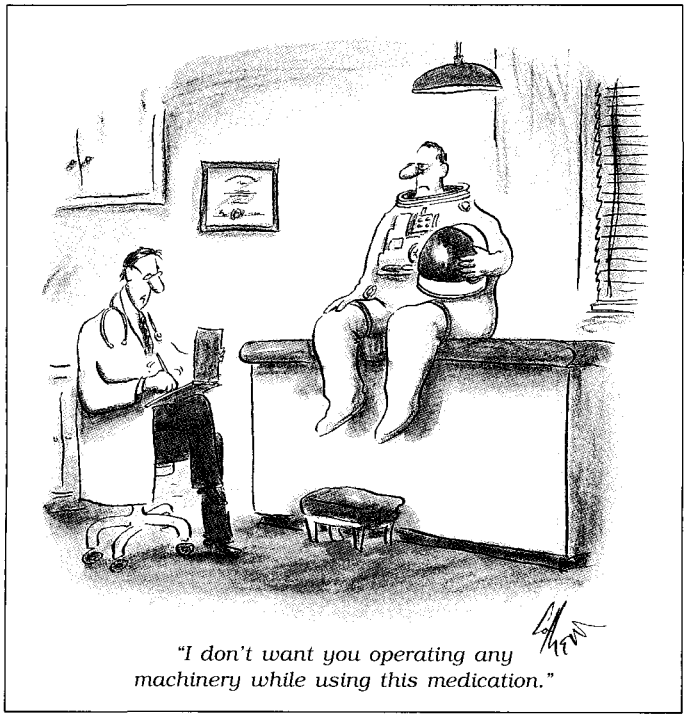
For the past several years, I have suffered from a painful neck and head condition that various doctors say is stress related. The pain pretty much starts on one side of the neck and then, over a couple of hours, shoots up to the head in various places. An episode usually lasts four to six hours. It seems to be brought on by my having held my head in a particular position for too long. Can you refer me to a physician who would help me?

Edward G. Robinson
Smyrna, Georgia

Dr. Barry Marshall's comments about stress causing all manner of pain and disease are classic. He says, "Stress is often blamed because we don't know what causes a problem." Stress was long thought to be the culprit in ulcers until Dr. Marshall proved that *Helicobacter pylori* bacteria caused gastric ulcers and that antibiotics and Pepto Bismol eradicated the bacteria, thereby curing the ulcers.

Dr. Marshall is a gastroenterologist, and serious headaches are usually handled by neurologists. Nevertheless, the ubiquitous headache can result from a problem addressed in almost any medical specialty.

Because your doctors blame stress, we presume you may have tried yoga and other tension-releasing exercises. A personal physical fitness trainer who understands muscles and nerves is sometimes invaluable in pointing out exercises to reduce headache pain. Physical therapists are also frequently helpful.

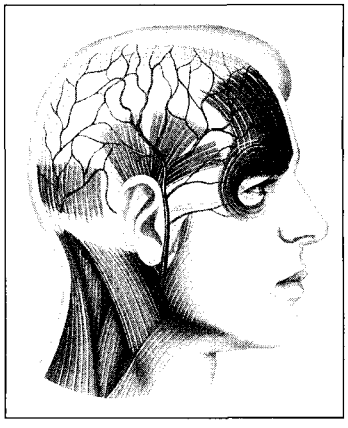


"I don't want you operating any machinery while using this medication."

For some individuals, headaches can be triggered by eating seemingly innocent foods such as cheese or chocolate. For others, red wine, excessive caffeine, or monosodium glutamate (MSG), a widely used flavor enhancer, can cause a headache.

Dr. H. J. Roberts in West Palm Beach, Florida, has recorded a number of patients who get headaches from eating foods that contain NutraSweet.

Changes in hormonal levels, sleep patterns, or weather conditions trigger headaches in some sensitive individuals.



Tightening of muscles (indicated in red) may result in symptoms of tension headaches.

Finding out what causes one's headache is most important. Tension-type headaches are often triggered by anger or frustration. They produce dull pain, experienced as tightness of the scalp or neck.

New diagnostic techniques and therapies have emerged over the past decades, and a physician who specializes in treating headaches could help greatly. Excellent headache centers and clinics exist across the country. Treatment that works for a particular individual can be unpredictable in another. Rest, aspirin, acetaminophen, ibuprofen, ice packs, and muscle relaxants often ease the discomfort. Other methods include biofeedback or exercise. Current information on treatments, research, and a state list of physician members is available upon request from the National Headache Foundation, 5252 N. Western Ave., Chicago, IL 60625. Mention headache type or briefly describe symptoms when writing.

Promising Tool in Early Detection of Colon Cancer

Thanks to an innovative team of scientists at the U.S. Department of Agriculture Human Nutrition Research Center in Beltsville, Maryland, we may, in the future, have a noninvasive, yet effective, tool for the early detection of colon cancer and other gastrointestinal diseases.

Colon cancer is the third leading cause of cancer in the United States. Fortunately, early detection has saved thousands of lives. Colonoscopy is currently the most effective and widely used method of early detection, allowing a thorough examination of the colon by means of a fiberoptic endoscope containing a miniature TV camera. The physician can make a direct visual examination for polyps or any signs of abnormalities. However, colonoscopies are expensive and, for some, uncomfortable. The USDA team has come up with a less-costly and noninvasive method that utilizes principles of coprocytobiology, the study of cells from stool specimens.

The human colon sheds more than one billion cells each day from its lining, or epithelium, into the fecal stream. Using a special transport medium, scientists recover these shed cells from fresh stool samples. The cells are preserved, then analyzed, using a simple laboratory procedure.

The scientific team, headed by project leader Dr. P. P. Nair, believes that the recovered colonic cells can be important for a wide variety of applications, including the early detection of cancers and other gastrointestinal diseases such as Crohn's and ulcerative colitis.

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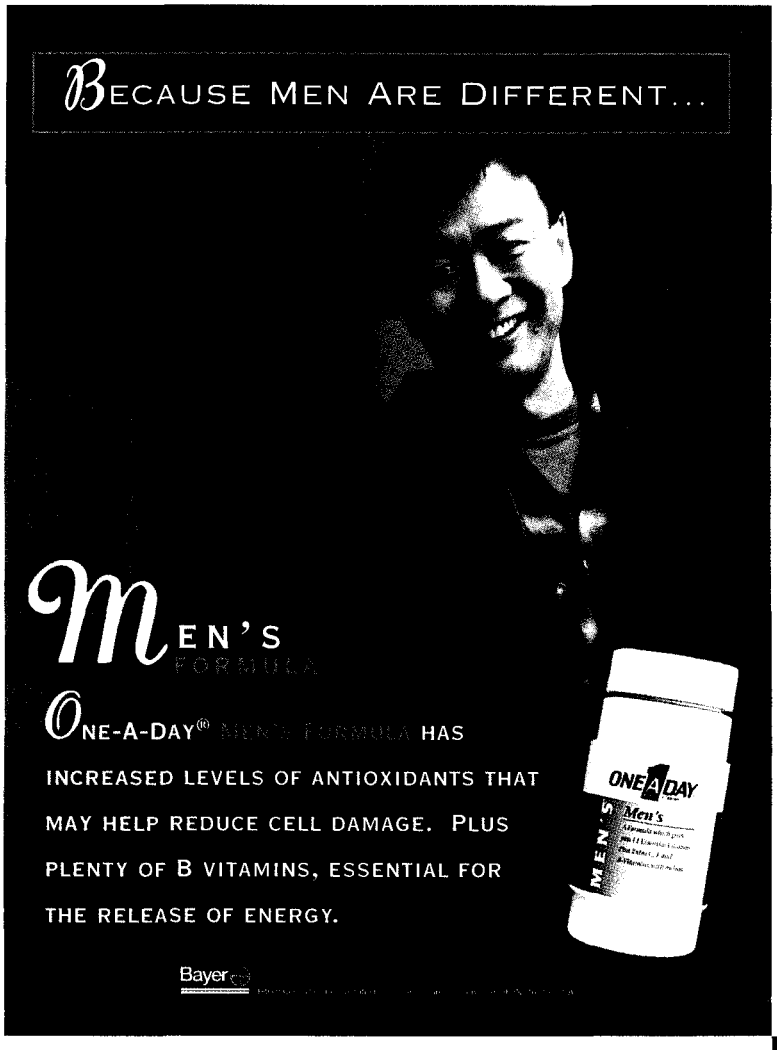
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persons have no symptoms. A blood test can detect the antibody to the hepatitis C virus. If this test is positive, additional laboratory tests determine any signs of liver disease. If these are abnormal, treatment with alpha interferon, a drug approved for the treatment of chronic hepatitis C, may be considered. Unfortunately, this drug is effective in less than 20 percent of patients.

"Individuals with hepatitis C should not donate blood, plasma, body organs, other tissue, or sperm. Toothbrushes, razors, or other items that could become contaminated with blood should not be shared. Open sores or other breaks in the skin should be covered. Because the risk of transmission is low for persons with steady sex partners, there are no specific recommendations for changes in sexual practices. However, each couple needs to consider the available information and determine whether they want to use condoms to prevent the exchange of body fluids. There are no recommendations advising against pregnancy or breastfeeding."

Psoriasis Solutions

Dear Dr. SerVaas:

My son at age 28 developed psoriasis that has slowly and progressively worsened. We would be grateful to have you discuss this frustrating and embarrassing condition.

Thank you for any help you can give for all your readers who are dealing with this problem.

Mary E. Mack
Houston, Texas

What Is Hepatitis C?

Dear Dr. SerVaas:

I never hear or read anything about hepatitis C. My blood revealed I have the virus. Please print something about this. I am a virgin and have never had a blood transfusion. How could I have gotten this virus? Could a parasite cause this? Or drugs? I have taken a drug for tremors and also been very sick from bad water.

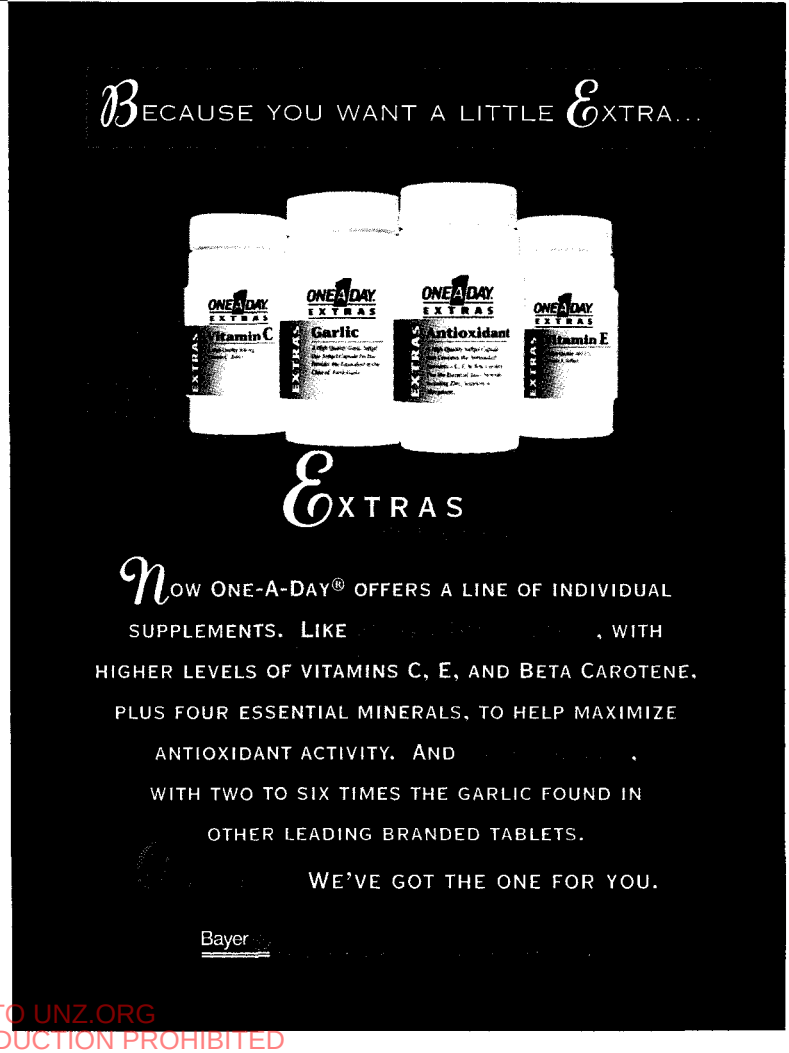
Will I die from this? What can they do for it?

MJR
Milwaukee, Wisconsin

Miriam J. Alter, Ph.D., chief of the epidemiology section, hepatitis branch at the Centers for Disease Control and Prevention in Atlanta, provides the following information:

"Hepatitis C is a liver disease caused by the hepatitis C virus, which is found in the blood of persons who have this disease. The virus is spread primarily by exposure to human blood. A person may get hepatitis C through exposure to human blood in the healthcare workplace or by sharing drug paraphernalia. Hepatitis C has also been transmitted among household members, between sex partners, and from infected mothers to their newborn infants; however, the risk from these types of exposures is low. In the past, hepatitis C was also spread by blood transfusion, but since 1990, all donated blood has been screened for the hepatitis C virus. Hepatitis C is not spread by sneezing, coughing, hugging, kissing, or other casual contact. It is also not spread by food or water.

"Symptoms of hepatitis C include yellowing of the eyes and skin, loss of appetite, nausea and vomiting, fever, extreme fatigue, and stomach pain. However, many infected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The Human Genome Project, striving to identify all of the 100,000 genes that control human development, is uncovering the ones responsible for inherited illnesses. Last year, a gene responsible for inherited, plaque-type psoriasis was located on the far end of one chromosome. The discovery brings researchers one step closer to understanding the causes of this chronic skin disease.

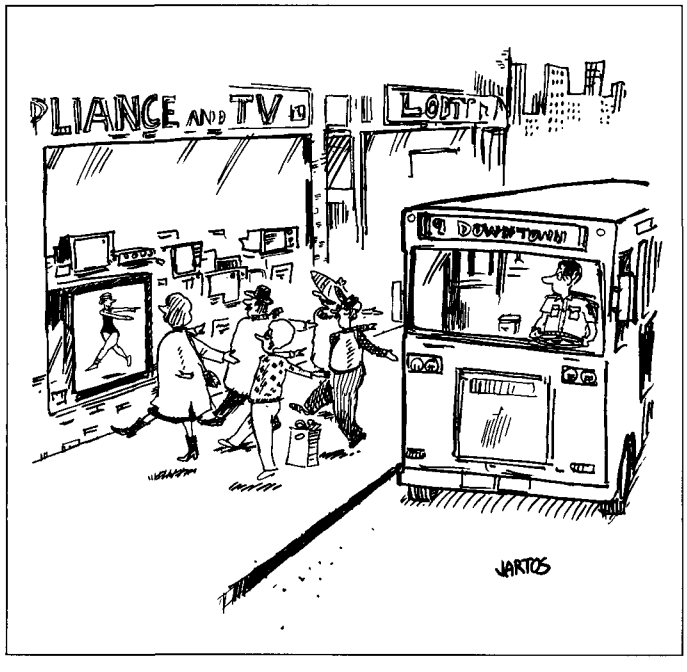
Psoriasis affects an estimated five million Americans, about 30 percent of whom have a close relative with the condition. Scaly and reddened patches of skin usually appear between ages 10 and 40 and typically involve the scalp, elbows, knees, and back. The lesions come and go and vary in number from a few scattered patches to severe, widespread skin involvement severe enough to require hospitalization.

For this fortunate patient, a specialized treatment with coal tar and ultraviolet B therapy was successful.

Psoriasis is considered to be a disorder of hyperproliferation, meaning the affected skin cells reproduce themselves, die, and flake off at many times the normal rate. Scientists don't know yet if this is caused by abnormalities in skin cells or by an immune-system attack on the skin. Results of a small study suggest at least some cases are caused by an attack on the immune system and may be effectively treated with drugs aimed at certain cells in the immune system.

Currently, therapy controls, but doesn't cure, most cases of psoriasis. Topical ointments, judicious exposure to sunlight, and ultraviolet B therapy are sometimes helpful. Patches generally heal without scarring and, except for the psychological struggle with an unsightly skin disease, overall health is usually unaffected.

Patients with family members afflicted with psoriasis may request a genetic questionnaire if interested in possibly participating in gene research. Call 1-800-723-9166.



Spinal Stenosis

Dear Dr. SerVaas:

What is spinal stenosis? How prevalent is it? Is it inherited? Is there a remedy or cure for it? I would appreciate any information regarding this condition.

I look forward to each issue of *The Saturday Evening Post* and usually read it from cover to cover. I especially enjoy "Medical Mailbox." This section is a marvelous service to your readers.

Spinal stenosis results from narrowing of the spinal canal in the lower part of the back, causing a painful irritation of the sciatic nerve. Spinal stenosis due to aging is common and may also result from osteoarthritis or Paget's disease. Because the majority of people with evidence of this disease on x-rays do not have symptoms, the incidence of stenosis may be greater than estimated among the elderly. Although it is quite rare to be born with spinal stenosis, certain forms may be hereditary.

Whatever the cause, when sciatic nerve roots become compressed or "pinched," the person may experience pain in the buttocks, thighs, or calves when walking, running, or climbing stairs. Rest and flexion of the back relieves pressure on the affected nerve roots and may help reduce pain.

Treatment for spinal stenosis involves exercises to strengthen the back and legs, says Dr. Alexander Vaccaro, assistant professor of orthopedic surgery at Thomas Jefferson Medical College in Philadelphia. Anti-inflammatory drugs, improved posture, and weight loss are other solutions. Surgery to remove bone and ligaments pressing on the involved nerve roots is necessary only when conservative measures fail.

Burning Pain After Urination

Dear Dr. SerVaas:

For several years, I have had a burning pain after urinating. This severe, burning pain is the only symptom; it lasts for quite a long time. It is less apparent in a standing or walking position than in a prone or sitting position.

I have tried many remedies—prescription and nonprescription. None have eliminated the problem. I have also tried drinking lots of cranberry juice, bathing several times a day, washing the area numerous times with plain water, etc. Blood tests and urinalyses (two of each during this time) do not show any infection.

Someone somewhere must surely have had this same problem at some time. I wonder if they have been cured. I would love to hear from some of your readers.

One *Post* reader has told us that she gets immediate relief from such burning with her doctor's prescription for Azo Gantrisin. She won't leave home without a bottle of it when she travels. ▲

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Do Amish People Know Something That Doctors Don't?

If you are concerned about prescription drugs and their side effects...not to mention their spiraling cost ...Look at the Amish. They are robust and healthy. Yet they rely on simple, drug-free home remedies and folk medicine for their everyday health problems.

Their philosophy is "What's old is of the good." They claim their folk medicines, handed down from generation to generation, still work today for everything from colds to *kee-gretz* (foot fungus.)

An encyclopedia of their natural health secrets, called *The Wisdom of Amish Folk Medicine* is now available to the general public. It has hundreds of proven home remedies using simple items you have around your home like vinegar, salt, soda, onions—even olive oil. You'll be amazed at the ordinary spices and herbs the Amish use for their health qualities.

This extraordinary health guide was inspired by a collection of little-known folk medicines gathered by the home remedy editor of a magazine published for the Amish.

Speaking of these health secrets, she says, *"A doctor was usually called as a last resort, after everything else failed, and this wasn't often."*

Step back to simpler times with the Amish natural folk medicine secrets for common health problems like these:

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- **Can't take aspirin?** Discover the natural ingredients that have pain killing properties.
- **Allergies?** Learn how to use nature's antihistamine.
- **Arthritis pain?** An all-natural tonic can give hours of relief.
- **Prostate trouble?** A good dose of this ordinary tea is the Amish secret.
- **Want to stop smoking?** Learn age-old ways to kick the habit.
- **Trouble sleeping?** This simple remedy is said to induce a peaceful slumber.
- **Nervous?** Enjoy blissful tranquility without drugs.
- **Thinning hair?** Proof of this remedy is seen in Amish people's luxuriant hair and beards.

The Wisdom of Amish Folk Medicine also reveals natural health tips for: **constipation, cold sores, menopausal problems, sinus trouble, hemorrhoids, varicose veins, age spots, flu and more.**

These are only a few of the many trusted home remedies in *The Wisdom of Amish Folk Medicine.* Learn how to make "Go Back" drops, the Amish stomach remedy. Prepare their "Green Mountain Salve" for boils and sores. Mix up some "Good Samaritan Oil" for colds. Discover 6 ways to relieve muscle cramps, how the Amish use red beets to fight infection, which vegetables and fruits can cleanse and heal, and the Amish natural weight loss method that promises good results.

After a tiring day, you might want to try the Amish cure for *au-gewachsen.* That's their word for the aches that come from a long buggy ride, but it works for any kind of muscle fatigue.

Right now, as part of a special introductory offer, you can receive a special press run of *The Wisdom of Amish Folk Medicine* for only $8.95 plus $1 postage and handling. Your satisfaction is 100% guaranteed. You must be completely satisfied, or simply return it within 90 days for a full refund-no questions asked.

HERE'S HOW TO ORDER: simply print your name and address and the words "Amish Folk Medicine" on a piece of paper and mail it along with a check or money order for only $9.95 to: THE LEADER CO., INC. Publishing Division, Dept. AM507, P.O. Box 8347, Canton, Ohio 44711. (Make checks payable to The Leader Co., Inc.) VISA or MasterCard send card number and expiration date. Act now. Orders are filled on a first-come, first served basis. ©1994 The Leader Co., Inc.

Better Sandwich

continued from page 88

consistency. Chop and combine with celery, green onion, green pepper, salad dressing, yogurt, pepper, and mustard in bowl. Spread four slices bread with egg-salad mixture. Top with remaining four slices bread.

Per Serving (2 bread with ⅔ cup salad):
Calories: 216 Carbohydrate: 31.2 gm
Cholesterol: trace Protein: 16.9 gm
Sodium: 615 mg Fat: 2.3 gm
Diabetic exchange: 2 bread + 1 lean meat
• For those on salt-restricted diets, use salt-free bread.
Sodium: 321 mg

Baked Bean Melts

(Makes 4 servings)

1½ cups home-cooked or low-salt canned navy beans, or low-salt vegetarian baked beans
¼ cup chopped onion
¼ cup diced green bell pepper
1 tablespoon molasses
2 teaspoons brown spiced mustard
4 slices whole-wheat bread
2 oz. (½ cup measure) nonfat grated cheddar

Preheat oven to 400°. Combine beans, onion, green pepper, molasses, and mustard in oven-proof casserole. Bake 40 minutes, stirring twice. Remove casserole from oven. Turn on broiler. Place bread slices on foil-covered baking pan. Combine bean mixture and shredded cheese. Spread bean mixture on bread slices. Place under broiler until cheese has melted (1-2 minutes).

Per Serving (1 slice bread + ½ cup filling):
Calories: 239 Carbohydrate: 39.5 gm
Cholesterol: 3 mg Protein: 13.8 gm
Sodium: 503 mg Fat: 2.8 gm
Diabetic exchange: 2½ bread + 1 lean meat
• For those on salt-restricted diets, use salt-free bread.
Sodium: 307 mg

Cheese-Vegetable Melts

(Makes 4 servings)

2 teaspoons low-salt butter-flavored crystals
½ cup chicken broth
½ cup julienned carrots
½ cup diced yellow squash
½ cup sliced mushrooms
½ cup chopped onions
½ cup julienned green bell pepper
¼ teaspoon black pepper
3 tablespoons spicy brown mustard mixed with nonfat salad dressing (1½ tablespoons each)
4 nonfat pita breads
¼ cup grated nonfat mozzarella cheese (1 oz.)

Preheat oven to 375°. Heat chicken broth and butter flavoring in skillet over medium heat. Add carrots, squash, mushrooms, onions, and green pepper.

Cook and stir over medium heat until tender. Cook until vegetables are crisp-tender and skillet is about dry. Season with pepper. Split pitas and spread with mustard dressing. Fold together vegetables and mozzarella. Stuff pitas. Place pitas on baking sheet and bake 8 minutes or until cheese melts at 350°.

Per Serving (1 pita + ½ cup vegetable mixture):
Calories: 187 Carbohydrate: 30.7 gm
Cholesterol: 4 mg Protein: 9.7 gm
Sodium: 479 mg Fat: 2.7 gm
Diabetic exchange: 1½ bread + 1 vegetable + ½ medium-fat meat

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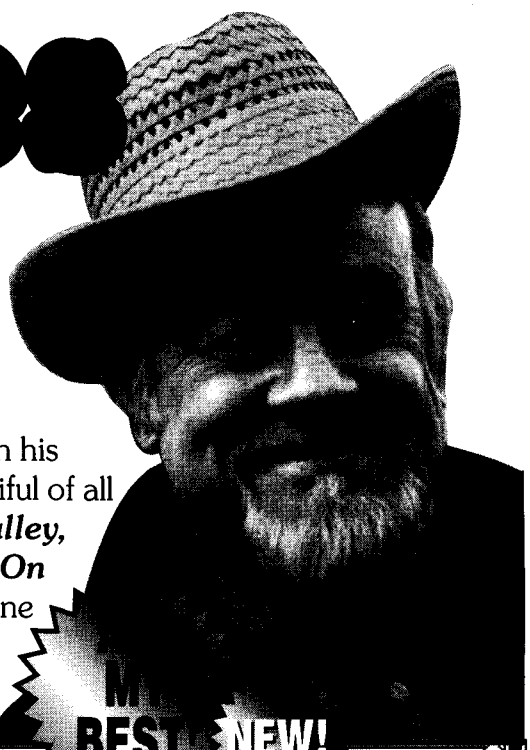

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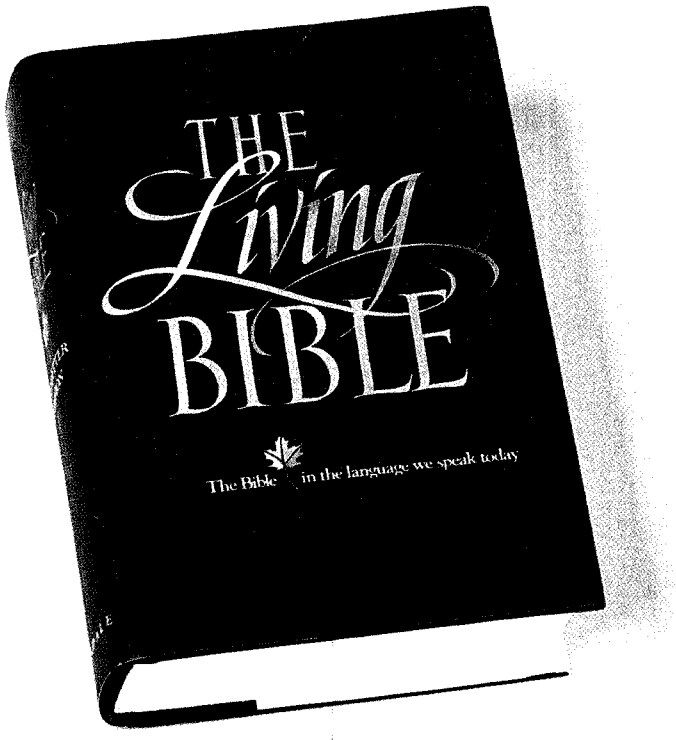

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3. ADD dressing to skillet; heat through. Drizzle over chicken and greens; serve immediately.

4 Servings

Nutrition Information Per Serving:

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Sodium 220mg
Total Carbohydrates 31g
Dietary Fiber 2g
Protein 28g

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